



ALAGAPPA UNIVERSITY

[Accredited with 'A+' Grade by NAAC (CGPA:3.64) in the Third Cycle
and Graded as Category-I University by MHRD-UGC]

KARAIKUDI – 630 003

DIRECTORATE OF DISTANCE EDUCATION



Master of Social Work

349 14



SOCIAL CASE WORK

I - Semester



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(A State University Established by the Government of Tamil Nadu)

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SOCIAL CASE WORK

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SYLLABI-BOOK MAPPING TABLE

SOCIAL CASE WORK

Syllabi	Mapping in Book
BLOCK I: SOCIAL CASE WORK: DEFINITION AND CONCEPT, NATURE AND SCOPE	
Unit I	Unit-1: Introduction to Social Case Work (Pages 1-21)
To understand case work as method of Social Work and to understand values and principles of working with individuals and families. To develop the ability to critically analyse problems of individuals and families and factors affecting them. To enhance the understanding of the basic concepts, tools, and techniques in working with individuals and families in problem solving and in developmental work.	Unit-2: Socio-Cultural Factors (Pages 22-42)
Develop appropriate skills and attitudes to work with individuals and families. Develop the ability to reflect on „self“ as person and grow as a professional social worker	
Social Case Work: Concepts, Definition, meaning, Objectives, Purpose, Importance, Nature and Scope - Historical development – components of social case work: person, problem, place, and process - values and principles of case work practice.	
Unit II	
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BLOCK II: CASE WORK PROCESS AND EVALUATION TOOLS AND TECHNIQUES OF SOCIAL CASE WORK	
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Case work process: Intake: meaning, steps, referral- types, and stages. Study: Meaning, tools used/procedure followed in the study process: interviewing: types, purpose, skills, techniques, and principles of interviewing; home visits & reaching out, collateral contacts & relationship. Assessment: Social Diagnosis: meaning, types, and models. Treatment/Intervention: meaning, objectives, goals and goals setting & treatment planning, principles, models, types, and techniques (supportive/environmental manipulation, reflective/ practical help or material help & direct treatment/ counseling).	Unit-4: Evaluation (Pages 58-71)
Unit IV	Unit-5: Tools and Techniques of Social Case Work (Pages 72-89)
Evaluation: meaning, purpose/objectives, types, methods/techniques/ instruments, difference between appraisal, monitoring, and evaluation; Termination: meaning, reaction to termination, decision to terminate, and planning for termination. Follow-up- meaning, purpose, and types.	
Unit V	
Tools of techniques of social case work: interview, observation, home visits and collateral contacts – social case work intervention: direct and indirect multi-dimensional intervention	

BLOCK III: CASE WORKER – CLIENT RELATIONSHIP AND CASE WORK AND COMMUNICATION

Unit VI

Case Worker-Client Relationship: meaning, purpose, needs, significance, and elements, components - characteristics of professional relationship: empathy, transference and counter transference, resistance, sustaining the relationship, non-possessive warmth, genuineness and self-disclosure - principles of client-worker relationship; obstacles in client worker relationship.

Unit VII

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INTRODUCTION

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It is a difficult task to define social work. However, it may be said that generally, 'social work' refers to any activity that is undertaken for alleviating the hardships that people may face in maintaining a basic economic and social standard in their lives. It was only in the 20th century that the idea of social work as a career or a job took root. Even though social work as a profession has only been recognized in the latter half of the 20th century, the idea has been there since the time the man realized that he was a social being and that it was his responsibility to lend support to his fellow beings as and when needed. This activity has several labels, one of them being 'charity' or 'relief for the poor'. The call of duty for these good samaritans was at its peak in the aftermath of the two World Wars and the Great Depression, which caused untold suffering to millions of people all over the globe. It was in this backdrop that social work came to be identified as a profession. In this it was assisted by recognized schools, literature, and membership organizations that trained such workers. Every country has a different outlook towards social work. In some, it is referred to as almsgiving and in others as voluntary service.

The motive behind a social case worker is the principle of social justice, which provides everyone equal right to prowess. Thus, social case work does not subscribe to the theory of the survival of the fittest. To put it differently, social case work is based on the assumption of human welfare. It offers help to every needy and disabled person. The establishment of harmonious relationship between the client and the society he belongs to is the ultimate goal of social case work. In the social case work, individual client is taken as a total unit. It includes the individual aspect of assistance and the method adopted in it is only psychological. However, social worker has also to understand the various aspects of human behaviour, so that he is able to establish a workable combination between the available social services and the psychological understanding. Hence, as a method, social case work gives much stress on environmental reorganization, which, in turn, tries to bring about a change on the attitude and behaviour of the client. It should be noted that a social case worker does not make a person totally free from his disabilities through social assistance. However, in certain favourable circumstances, social case work makes prevention and treatment of pathological problems.

This book, *Social Case Work*, is written with the distance learning student in mind. It is presented in a user-friendly format using a clear, lucid language. Each unit contains an Introduction and a list of Objectives to prepare the student for what to expect in the text. At the end of each unit are a Summary and a list of Key Words, to aid in recollection of concepts learnt. All units contain Self-Assessment Questions and Exercises, and strategically placed Check Your Progress questions so the student can keep track of what has been discussed.

BLOCK - I
SOCIAL CASE WORK: DEFINITION AND CONCEPT,
NATURE AND SCOPE

*Introduction to Social
Case Work*

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**UNIT 1 INTRODUCTION TO
SOCIAL CASE WORK**

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1.0 INTRODUCTION

From the time when it functioned during the British rule to the current period, social case work has come a long way. India entered into the domain of social work late as compared to the western countries. During the earlier years of its development, social case work was concentrated in towns and cities. Slowly but steadily it forays into large masses of Indian population who reside in rural areas. As we all know in India professional social work began with the establishment of Sir Dorabji Tata Graduate School of Social Work in the year 1936.

Social workers employ social case work as the method to help individuals find solutions to problems of social adjustment which are difficult for individuals to navigate on their own. Social case work is a primary approach concerned with the adjustment and development of the individual and, in some instances, couples, towards more satisfying human relations. In this field of activity, the relationship

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between caseworkers and their client is one of support, focused on enabling an individual in solving a problem through self-effort. The social case work relationship is a dynamic interaction of attitudes and emotions between the social caseworker and the client with the purpose of satisfying the clients' psychosocial needs to achieve a better intrapersonal adjustment by the client within the respective environment. No doubt, psycho-social assessment is a key tool used in casework; it is the initial assessment of a client's current, relevant past, and possible future modes of adaptation to both stressful situations and normal living situations. Problem solving is the intent behind every social casework process; the caseworker doesn't solve the problem for the client, but helps the person in the situation to be equipped in solving or facing the problem adequately within the individual's weaknesses and strengths to the end of overall development.

Social case work enables an individual to obtain a higher level of social functioning through an interpersonal transaction or face-to-face or person-to-person encounter. Caseworker's knowledge and expertise, and material resources are used (as tools) to inject strengths in the person to enable him to move more satisfyingly in the social situation he finds difficult to deal with. However, there are values and principles associated with the social functioning of social case workers.

This unit aims at analysing the concepts, meaning, objectives and purpose of social case work and also emphasises the various values and principles that social caseworkers adhere to while performing their social functioning.

1.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the concept of social case work
- Enumerate the definition and objectives of social case work
- Analyse the purpose and importance of social case work
- Understand the nature and scope of social case work
- Enumerate historical development of social case work
- Explain the components of social case work
- Analyse the principles of social case work

1.2 UNDERSTANDING THE CONCEPTS OF SOCIAL CASE WORK

Social case work, as taught and practised in India today, is understood as an approach to help individuals but not at random. As a method of social work profession, it seeks to help individuals in a systematic way based on knowledge of human behaviour and various tested approaches.

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Every individual, child or adult, in order to grow and develop, has various needs (psychological, physical and social) to fulfill. In this task, he has to interact with different types of people and face different environmental conditions. Very often, the individual fails in his attempts fully or partially and sometimes, he has to face non-helpful reactions of the people around him.

Lack of resources, non-fulfillment of needs, unpleasant social reactions and unfavourable physical conditions make human development and functioning (i.e., adaptation) difficult and sometimes impossible. An individual, under these stressful conditions, seeks help, sometimes from the near and dear ones (like parents, siblings, friends, etc.) and sometimes from the professionals (priests, teachers, lawyers, doctors, social workers, etc.) Every professional's help has two components: one, his professional skills and knowledge, and the other is his personal characteristics and experiences of life.

These two components set the way the professional helper will move to help the needy individual to meet his needs or solve his problems to live a full life. What aspects of life will be aided by whom will depend upon the professional expertise of the person in the helping role.

For example, a physician will help only with physical problems, a teacher with educational problems and a lawyer with the legal problems. Social workers help the total individual, i.e., with every aspect of life which, in any way, is detrimental to his living a full life—a life wherein one is not uncomfortable with the happenings in and around him. Perlman (1957) tries to understand this process of helping individuals in terms of a person with a problem, who comes to a place (an agency) where a professional representative (trained person) helps him by a given process. She thus delineates the four basic components of social casework, viz., person, problem, place (agency) and process. She explains that problems arise from some needs or obstacles to the fulfillment of these needs, or accumulation of frustrations, or maladjustment, or sometimes from all of these put together.

These individually or together threaten or have already attacked the person's living arrangement or the effectiveness of his efforts to deal with it. These problems are tackled through a process which is a progressive transaction between the professional (trained) helper and clients. It consists of problem-solving operations carried on within a meaningful relationship (purposefully established).

These operations aim at developing the client's effectiveness in coping with his problem and/or so influence the problem as to resolve or vitiate its effect. The person is the one who is "in need of help in some aspect of his social-emotional living, whether the need be for tangible provisions or counsel".

As he begins to receive such help, he is called, 'client'. The place is "a social service agency or a social service department of another kind or a human welfare agency". Perlman (1957) thus defines social casework as a "process used by certain human welfare agencies to help individuals to cope more effectively with their problems in social functioning".

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The concept of 'social functioning' has gained quite an important place in social case work. This concept fully explains the meaning of the adjective, 'social', used with the word 'casework' and helps in differentiating it from psycho-work, i.e., psychotherapy.

Social case work enables an individual to obtain a higher level of social functioning through an interpersonal transaction or face-to-face or person-to-person encounter. The caseworker helps the client to act in order to achieve some personal/ social goals by utilising the available resources in terms of strength of personality of the client, his social system or material provisions available in the community and/ or agency. Caseworker's knowledge and expertise, and material resources are used (as tools) to inject strengths in the person to enable him to move more satisfyingly in the social situation he finds difficult to deal with.

1.2.1 Definitions and Meaning of Social Case Work

Richmond (1917), who gave a scientific status to casework, defines social case work as one consisting of "those processes which develop personality through adjustments consciously effected, individual by individual, between man and their social environment". Regensburg (1938) considers case work as a method of "measuring against reality the client's capacity to deal with his problem or pieces of it, while the worker helps him to clarify what the problem is and enables him to think of different ways to solve it".

According to Bowers (1949), "social casework is an art in which knowledge of the science of human relations and skills in relationship are used to mobilise capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment".

Hamilton (1951) says that casework is "characterised by the objective to administer practical services and offer counselling in such a way as to arouse and conserve the psychological energies of the client — actively involve him in the use of the service toward the solution of his dilemma". These definitions have attempted to focus on certain aspects of casework process only, and when these are taken and understood together, explain the nature of casework better.

Boehm (1959) explains the nature of social casework with due emphasis on social and psychological aspects of human functioning. According to him, social casework intervenes in the psycho-social aspects of a person's life to improve, restore, maintain or enhance his social functioning by improving his role performance. Intervention occurs when the person or members of his group or community realise that his (person) role performance is hampered or threatened.

The intervention takes place through a professional relationship between the worker and the person and also between the worker and other individuals whose interaction with the person affects his role performance.

Social case work is the method employed by social workers to help individuals find solutions to problems of social adjustment that are difficult for

individuals to navigate on their own. Social case work is a primary approach and method of social work, concerned with the adjustment and development of the individual and, in some instances, couples, towards more satisfying human relations. In social casework, the relationship between a caseworker and their client is one of support, focused on “enabling an individual in solving a problem through self-effort. The social case work relationship is a dynamic interaction of attitudes and emotions between the social caseworker and the client with the purpose of satisfying the clients’ psychosocial needs to achieve a better intrapersonal (interactions and transactions) adjustment by the client within the respective environment. Psychosocial assessment is a key tool used in casework; it is the initial assessment of a client’s current, relevant past, and possible future modes of adaptation to both stressful situations and normal living situations. Problem solving is the intent behind every social casework process; the caseworker doesn’t solve the problem for the client, but helps the person in the situation to be equipped in solving or facing the problem adequately within the individual’s weaknesses and strengths to the end of overall development.

1.2.2 Objectives, Purpose and Importance of Social Case Work

During the casework sessions, clients talk about their problems and related past, present and future. Caseworkers pick up points where problems have arisen because of lack of information, knowledge and misperception of the situation. The experiences (misperceptions, feelings and reactions) are corrected in and through the discussions.

Emphasis should be given on the discussion of day-to-day behaviour of the client in relation to his problem and in doing so, correct his misperceptions which may be unrealistic because of emotions, past incidents, unrealistic future expectations or unsuitable lifestyle etc. Once the therapist starts taking care of these points in day-to-day life of the client, he slowly starts perceiving and changing his ways of behaving.

Apart from this, talking alone helps in many ways. It helps in ventilating one’s feelings and thus frees one from the pressure of these feelings. Talking to an expert is in itself quite reassuring. Talking by itself in many cases results in insight into one’s behaviour, thus equipping one with better ways or managing the life affairs.

It is through these processes only that the client substitutes his unrealistic and irrational beliefs and definitions by realistic and correct ones, straightens his attitudes, develops self-control over his feelings, and changes his lifestyle necessary to achieve what he desires to achieve in life. Material resources are used as tools to effect desirable changes in his situation and functioning.

Caseworkers are employed by a large number of organizations in Britain, especially in the voluntary and public sectors. In the United States, most government agencies that provide social services to children in poor or troubled families have

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a staff of caseworkers, each of whom is assigned a proportion of the cases under review at any given time. In Australia, caseworkers may be assigned to work in child protection, drug and alcohol services or community health organizations. As of 2004, there were approximately 876,000 child welfare caseworkers in the United States. Seventy-two percent are women, and the mean salary for all caseworkers was \$64, 590.

1.2.3 Nature and Scope of Social Case Work

When we look at the Indian scenario, we find it beset with poverty, diseases and ignorance. According to official sources, 48 percent (51.2 percent in rural) people were below poverty line in 1977-78, and 36.9 percent (40.4 percent in rural) continued to exist below this line in 1983-84, though non-official estimates put this figure around 59 percent. Jay Dubashi (1986) has also questioned the official statistics.

Unemployment in 1987 was reported to be 9.2 million as against unofficial estimates of 26 million (*TV-Focus Programme*, 17 January 1988). The gap between the rich and the poor has also widened. The top 30 percent own 80 percent of the national assets against only 2 percent owned by the bottom 30 percent in 1986, while their share was 2.5 percent in 1960-61.

Likewise the top 5 percent income earners have 22 percent of the national income while bottom 40 percent have less than 16 percent of the same. In the rural areas, the top 4 percent own 30 percent of the total assets while bottom 20 percent had hardly 1 percent of the assets (Laharia, 1986). The per capital gross national income remained at Rs. 2,550 in 1984-85 according to the government statistics.

During 1986 and 1987 starvation deaths were reported in Kalahandi district of Orissa. This is because economic, social and political power is concentrated in a few hands, the benefits of developmental works are enjoyed by a few, and the benefits of developmental programmes have percolated to the poor to a very limited extent. Political will and administrative capacity “to remove poverty have been missing”. Corruption is rampant in our country: the poor have to bribe various people including bank and state government officials (Jammu, 1986) for securing loan under various government programmes and schemes.

On the health front, clean and safe drinking water is available to only 31 percent of the rural masses, who form more than 70 percent of the Indian population. Mortality rate in 1987 was 105 per 1,000 live births. Malnutrition, communicable diseases, etc., are yet to be brought under control. Population continued to increase at the rate of 32.7 percent in 1986 as per census records.

Literacy rate is at 36.20 percent according to 1981 census. Communal riots, casteism, regionalism, etc., are the worst enemy of the vulnerable masses constituting about 80 percent of our population. Though India has been declared as a sovereign republic, it continues to be ruled mainly by a nexus of “politicians and big businessmen” [*Hindustan Times*, 2 February, 1988].

It is only because of these appalling conditions that radical social workers are seeking change in the existing values, societal conditions and social system. Leonard (1975) talks of “building of counter system either within or outside the existing system”. Case Con, an organisation of social workers in the UK, is seeking replacement of present state with a “worker’s state, based on the interests of the vast majority of population”.

Can social casework, in such socio-economic conditions of India, be useful to render services to the people?

The answer cannot be ‘no’ simply because of problems. These are as follows:

- (i) There is population, may be small in proportion, which needs help to solve their problems at individual level,
- (ii) There are problems like sickness, feuds, interpersonal conflicts, etc., which can be dealt with only at individual level, and
- (iii) People need curative and rehabilitative services also, though developmental services are more needed in our Indian conditions. Social caseworkers will have to emphasise ‘indirect’ casework services (Richmond, 1917) and create a congenial atmosphere for those seeking self-actualisation. Bisno (1952) has also opined that casework and social action are complementary to each other, and that casework should continue to serve the needy population.

Check Your Progress

1. What are the basic components of social casework?
2. Why has the concept of social functioning gained importance?
3. How is social case work an art?
4. What is the main intent of social case work process?
5. Why should emphasis be given to day-to-day behaviour of the client?
6. What is the employment scenario of social case work in the United States?
7. List the challenges that social case workers face in Indian conditions.

1.3 HISTORICAL DEVELOPMENT OF SOCIAL CASE WORK

In India, social work profession began very late and its progress has been neither rapid nor smooth. Here its professional aspect has not been fully recognized. Historically, the tradition of giving assistance to poor, disabled and destitute is very old in India.

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1.3.1 Development of Social Work in India

Let us first discuss social use work in the pre-British period.

1. Pre- British Period to 1800 A.D

Pre-British system was dominated by caste system, upper caste protected lower caste people in time of some difficulties. Some of the important aspects are as follows;

- (i) Joint family: It is like a trust sharing common property. It protected aged, children and women. It served as a social trust.
- (ii) Village community: Indian villages were independent in matters of food, clothing and shelter. The whole community used to take care of each other.
- (iii) Village Temple: In every village there were temples. People donated money to the temple and under this system socially backward people were protected.

2. During the British Period

Before the advent of the British, Indian practically lived in village. Thus the economy of the village was self-sufficient. But under the British rule, India was helped as an agrarian country. Only industries were allowed to develop which provided better opportunities for the investment of British capital. Further, the British rules menaced the organization of production. These economic and organizational change brought down the economic condition of Indians. All the problems are chiefly related with health, housing, child and woman welfare and labour, recreation, crime and social disorganization. Due to these problems the need for organized social work was realized. British rule was main inspiration for social reform movement. Christian missionaries spread education, brought the theory of equality, which in turn helped the social reforms to attack the evil customs and inequality. There was no property rights for Indian women. Early marriage, inequality, caste system, widow remarriage, custom of Sati were the burning problems of Indian Society.

Many social reforms came up to eradicate these social evils. Meanwhile Raja Ram Mohan Roy and Pandit Ramabhai started the Brahmo Samaj, and the Arya Samaj, respectively. Swami Vivekanand established Ramakrishna mission and Annie Besant started Home Rule Movement against the British. They were rendering social welfare services to the needy people. Gandhiji did a lot of work in the field of social reform, besides due to the impact of the western education, and Christian missionaries, a new term of social work began in Indian. It was based on the idea of democracy and humanitarianism.

3. Growth of professional training in India

In Indian, professional social work is of recent origin. During 1900s, those who were engaged in social welfare activities found the need of trained social workers. Thus, in the year 1905, the revolts of the Indian society started by Gopal Krishna Gokhale. Then the emergence of Mahatma Gandhi and the rise of Sarvodaya Movement in 1915 made lot of constructive works in Indian politics. But these

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Gandhian social workers were not trained and it was not a professional social work. In Indian, professional social work owes its origin to a short-term training course on social service organized by the social service league at Bombay. Till that time social workers (volunteers) did not get any remuneration or salary. It was simply a social service to the needy people guided by the principle of humanity. Later, the first school of social work was started in 1936 by Clifford Marshal, who was a Protestant missionary and worked in Nagpada. He came to India in 1925 and felt the need of trained social workers. He established the Sir Dorabji Tata School of Social science in Bombay which offered professional training in social work. The appointed workers were not professional workers, they were Gandhians. Later on different schools of social work came into existence in Delhi, Calcutta, Lucknow, Varanasi, Baroda, Agra, Udaipur, etc., which imparted professional training in social work service.

4. After Independence

Post-Independence, in India, source of all welfare service are inherent in the Constitution. Various schemes with regard to the welfare of women, children, youths and aged persons have been implemented. Government has realized the need of trained professional social workers to work in area of welfare and has also made statutory liabilities to welfare officers in industries. These services are distinct from the general social services. In order to supervise the social welfare services, the central social welfare Board has been established. The Board assists in the improvement and development of social welfare activities. Thus, in Indian social work is gradually emerging as a social oriented profession.

Check Your Progress

8. List some aspects of social case work development in pre-British period.
9. How did professional social work originate in India?

1.4 COMPONENTS OF SOCIAL CASE WORK

Social case work revolves around person, problem, place, and process. These form the nucleus of the case work event. A person with a problem comes to a place where a professional representative helps him by a given process. The person is a man, woman, or child, anyone who finds himself, or is found to be in need of help in some respect of his social emotional living, whether the need be for tangible provisions or counsel. As he begins to receive such help, he is called a "client". The problem arises from some obstacle or accumulation of frustrations or maladjustments, and sometimes all of these together which threatens or has already attacked the adequacy of the person's living situation or the effectiveness of his efforts to deal with it. The place is a social service agency or a social service department of another kind of human welfare agency. Its peculiarity lies on the fact it is set-up to deal not with social problems at large but with human beings

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who are experiencing such problems in the management of their own personal lives. Its purpose is to help individuals with the particular social handicaps which hamper good personal or family living and with the problems created by faulty person-to-person, person-to-group, or person-to-situation relationships. The process named, “social work” is to denote its centre of attention and its individual aspect; it is a progressive transaction between the professional helper (case worker) and the client. It consists of a series of problem-solving operations carried on within a meaningful relationship.

1.5 SOCIAL CASE WORK: VALUES AND PRINCIPLES

Let us begin by discussing social work values.

1.5.1 Social Work Values

Social casework (or social work) values have roots in the democratic social system. These contain certain ideas which are valuable to anyone engaged in social work practice. It is precisely lack of these values which prohibits practice of social work in socialist societies like China, etc.

These values of social case work are:

1. Every man has inherent worth and dignity. This is a fundamental value of democracy, and the same is true, therefore, of social work too. He or she is worth caring for the simple reason that he/she is an individual, a human being capable of contributing to the growth of society. It is because of this value that social workers attend to every person’s need without any consideration of class, caste or creed etc., and serve anyone and everyone without any discrimination. They recognise the fact that every member, whatever be his handicap, has worth; therefore, he deserves to be respected and he is a dignified member of the society like anyone of the society. He had to be respected so that he can get all possible help and facilities to live a socially productive and personally gratifying life.
2. From this, it follows that individual has right to self-determination, taking decisions about all the matters related to self as long as it does not interfere with the rights of others. One is considered to be capable of taking decisions about one’s own future and the helper is only to tell him the pros and cons of his decisions to enable him to choose his own future course of action.
3. Every individual is the primary concern of society; he has potential for and the right to growth and it is the responsibility of the society to provide equal opportunities to everyone to actualise his self.
4. Every individual, in turn, has to contribute to the society’s development by assuming his social responsibility, discharging his functions honestly and acting properly and adequately in his social roles.

5. The individual and society in which one lives are interdependent. Neither the individual nor the society can be conceived of without each other.
6. Basic human needs have to be met by services which are not contingent upon conformity either to moral behaviour or to race, nationality, religion, caste, etc.

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1.5.2 Principles of Social Case Work

Principles are certain assertions or statements which guide our professional action. In social casework practice, these principles are discussed here. These are as follows

1. Principle of Acceptance

Acceptance implies liking the client irrespective of his negative qualities and conduct. It is an expression of goodwill towards the client and criticisms (evaluation) if anyone is done out of goodwill. It is conveying deep concern and active understanding to the client who is liked by the worker in spite of his problem—behaviour for which he is hated or punished by the society. No effective relationship is possible without accepting the client.

Unless we really accept the client, we cannot work out his problems. When disliked by us, we may behave to keep him off from ourselves and no positive relationship (report) will be possible. Acceptance involves observance of common courtesies and respect for his ideas and treating him as equal to self; for example, leaving chair, wishing him, moving forward to receive, or see him off, respecting appointments, etc., are indicators of acceptance.

2. Principle of Confidentiality

Everyone prefers to keep his things to himself and saves it from leaking out unless it is divulged and is more beneficial to the person. Once the worker imbibes the value of worth and dignity of an individual, he will refrain from encroaching upon the client's privacy, and maintain the confidence reposed in him.

Once the client loses confidence in him, he will not believe the worker and the whole process of communication will break down, and impossible will be the task to assist the helped in his problems or in fulfillment of his needs.

Maintaining confidentiality for all the transactions that takes place between the caseworker and client in correctional settings or other places where law needs information for justice purpose, is very difficult or could be impossible. In all such situations, the client must be made aware of these limitations.

Concept of confidentiality in Western society is much different than what it is in India. In our country, wife and husband have minimum things to hide from each other as compared to their counterparts in the West, especially American society.

In majority of Indian families, wives cannot be interviewed without explicit permission of the husband or in-laws. Its roots lie in our cultural beliefs and values

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(like seven vows taken during the Hindu marriage), norms and systems like joint family, etc.

Our society is more group-oriented as compared to individual-oriented Western society. Our society's group orientation emphasises on one's duty to others around us. It is these factors that limit the use of principles of confidentiality in our practice. These limits are true of Mohammedans and Christians also as they too equally share these Indian norms, values and beliefs.

3. Principle of Relationship (Rapport)

According to this principle, relationship is the medium to help anyone. Relationship has to be positive to be effective. No relationship, no communication. Relationship is an emotional bond, which works as a transmitting belt between the concerned parties. No rapport, no help. Relationship (positive) is the basis of all help. In relationship, feelings play an important role, therefore, these needs to be understood and handled properly.

4. Principle of Resource Utilisation

This principle is based on the value that the society has responsibility to provide necessary facilities for self-actualisation of its members. Services are provided to the individual in recognition of his contributions to the society. It is only because of this that the government takes care of those who are not cared for by anyone, e.g., orphans, destitute, handicapped, etc.

Therefore, all the personal resources and resources available within the community, agency and with the relatives of the client should be utilised to help the client. Resources may be in terms of money, material, power and influence, talents and capabilities etc.

5. Principle of Right of Self-determination

Principle of Right of Self-determination This principle is based on a very fundamental democratic value. According to this, everyone has the right to govern his life as he wishes provided it does not interfere with others' right to govern their lives. Right of self-determination has been demanded by various people living in various regions of the world so that they can choose their own government.

Caseworkers have to give this right to the client so that he can decide and take best possible action in his self-interest. This is reasonable also because he knows himself better than others. And, the caseworker is only an enabler who helps him through his expertise to take the best possible decision and action in the circumstances.

The caseworkers should understand that this right is limited and is a relative and not an absolute one. There are clients who are unable to take proper decisions about self, e.g., children, immature adults, the psychotics and the retarded, and they should not be given this right except to harm themselves.

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6. Principle of Self-awareness

This principle has emerged from the experience of practitioners who have observed and experienced that social work practitioners substitute their personal values, norms, etc., for professional values and norms while assisting their clients. They have been observed as projecting their own feelings and imposing their values and norms on them.

All these simply destroy the helping process. In fact, the worker should:

- (i) Be aware of and work through his own coercive and moralistic attitude, personal values and norms etc.;
- (ii) Be conscious of and accept his own feelings of aggression, love or gratitude or such other feelings;
- (iii) Examine his own motivation to save, punish or deprive the client; and
- (iv) Avoid projection of his own family relationships to the client's family situation.

Self-awareness helps the caseworkers to use only professional values and norms and help the client in such a way that he is able to re-live comfortably when he goes back to his own society. Self-awareness also helps the workers to be objective and non-judgmental (avoid "assigning guilt, innocence or degree of client responsibility for causation of the problems or needs") in his approach.

7. Principle of Purposiveness of Behaviour

Every behaviour is functional and serves useful purpose even though it may not serve or fulfill a person's conscious or deliberate design. Behaviour includes all expressions of our body—verbal as well as non-verbal. Hence, all the relevant behaviours (except reflex actions) expressed during the casework interviews, or other ones known to have been indulged in by the client in other situations, should be analysed and assessed (diagnosed). The purpose is to plan a realistic approach to help the client to replace his inappropriate behaviour with an appropriate one and critically examine the purpose behind his problem behaviour or behaviour pattern. Assessment of these behaviours of the client speaks either about the personality of the client or his situation or about the nature of their interaction.

8. Principle of Requirements of Agency Practice and Settings

Every caseworker, to avoid frustration to himself and the client and to be effective in his services, should know the policies and procedures of the agency thoroughly. He must know the limitations of the agency as well as that of the setting in which the agency is operating.

Settings like psychiatric or correctional or family welfare etc. pose their own problems because of their inherent nature. Do's and don'ts, material resources, nature of services, legal requirements and sanctions, etc., are to be properly utilised for the benefit of the client. Agency limitations should be fully explained to the client to be effective.

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9. Principle of Beginning with Client's Need

This principle appears to have been derived from Gestalt therapy. The principle directs to know what the client is experiencing, what he wants and what he feels at this moment. His feelings are as important as any other objective fact. Knowing these may clear the deck for further work or give important clues to deal effectively with the client's problems. The worker should start his interview "with the concern of person or with their felt needs" (Johnson, 1983).

10. Principle of Individualization

We know that every person is similar to others as well as unique in himself. This assumption becomes clear when we notice that the theories of psychology, sociology, medicine, etc., apply to all the persons because everyone possesses the common characterisations of a man. At the same time, he has certain characteristics which are unique to him only.

This uniqueness comes to him because of differing background of every individual and because of many minute and subtle psychological and constitutional differences. Inter-play between bio-psycho-social factors and environment gives a certain shape to personality which is unique to the person though he is similar to others because he has human figure, thinking capacity and feelings like any other human being.

It is because of this assumption only that we have to identify the special ways of the client behaving in social situations and the special help he needs. This principle of individualisation stipulates that the social caseworker will relate and help every client as an individual who is unique and whose problems and needs are special to him. For example, everyone seeks a job, but what job, with what salary, where, what sort of boss and what perks etc. are the unique requirements of each individual.

Similarly, the situation of the client, his problems of social functioning, his dominant mode of adjustment and the lifestyle, his ego-strength etc. are unique; therefore, the caseworker should probe these areas specifically in each case.

While helping, one should select modes of helping (techniques) according to the intellectual level, socio-economic situation, ego-strength, etc., of the client. Thus individualisation reminds one to pay attention to the specific needs, problems, situations and resources and capacities of each client.

Social casework involves helping individuals with their problems in social functioning through a systematic approach. Knowledge of human behaviour and social situation and skills in human relationship are basic to its practice.

It is an art when it uses various ways to effect change in human behaviour and a science when it uses knowledge of human behaviour and social situations. Social casework can thus be said to be scientific art to help an individual to live a socially productive and individually satisfying life limited to by his capacities and social realities.

Check Your Progress

10. List some of values associated with social case work.
11. What is the principle of confidentiality in social case work?
12. What role does principle of purposiveness of behaviour play in the social case work?

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1.6 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. Perlman (1957) delineates the four basic components of social casework, viz., person, problem, place (agency) and process. She explains that problems arise from some needs or obstacles to the fulfillment of these needs, or accumulation of frustrations, or maladjustment, or sometimes from all of these put together.
2. The concept of 'social functioning' has gained quite an important place in social case work. This concept fully explains the meaning of the adjective, 'social', used with the word 'casework' and helps in differentiating it from psycho-work, i.e., psychotherapy.
3. According to Bowers (1949), "social casework is an art in which knowledge of the science of human relations and skills in relationship are used to mobilise capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment". It is an art when it uses various ways to effect change in human behaviour and a science when it uses knowledge of human behaviour and social situations. Social casework can thus be said to be scientific art to help an individual to live a socially productive and individually satisfying life limited to by his capacities and social realities.
4. Problem solving is the intent behind every social casework process; the caseworker doesn't solve the problem for the client, but helps the person in the situation to be equipped in solving or facing the problem adequately within the individual's weaknesses and strengths to the end of overall development.
5. Emphasis should be given on the discussion of day-to-day behaviour of the client in relation to his problem and in doing so, correct his misperceptions which may be unrealistic because of emotions, past incidents, unrealistic future expectations or unsuitable lifestyle etc. Once the therapist starts taking care of these points in day-to-day life of the client, he slowly starts perceiving and changing his ways of behaving.

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6. Caseworkers are employed by a large number of organizations in Britain, especially in the voluntary and public sectors. In the United States, most government agencies that provide social services to children in poor or troubled families have a staff of caseworkers, each of whom is assigned a proportion of the cases under review at any given time. As of 2004, there were approximately 876,000 child welfare caseworkers in the United States. Seventy-two percent are women, and the mean salary for all caseworkers was \$64, 590.
7. Challenges social caseworkers face in India are as follows:
 - (i) There is population, may be small in proportion, which needs help to solve their problems at individual level,
 - (ii) There are problems like sickness, feuds, interpersonal conflicts, etc., which can be dealt with only at individual level, and
 - (iii) People need curative and rehabilitative services also, though developmental services are more needed in our Indian conditions. Social caseworkers will have to emphasise 'indirect' casework services (Richmond, 1917) and create a congenial atmosphere for those seeking self-actualisation.
8. Some of the important aspects of social case work in pre-British period are as follows;
 - i. Joint family: It is like a trust sharing common property. It protected aged, children and women. It served as a social trust.
 - ii. Village community: Indian villages were independent in matters of food, clothing and shelter. The whole community used to take care of each other.
 - iii. Village Temple: In every village there were temples. People donated money to the temple and under this system socially backward people were protected.
9. In Indian, professional social work is of recent origin. During 1900s, those who were engaged in social welfare activities found the need of trained social workers. Thus, in the year 1905, the revolts of the Indian society started by Gopal Krishna Gokhale. Then the emergence of Mahatma Gandhi and the rise of Sarvodaya Movement in 1915 made lot of constructive works in Indian politics. But these Gandhian social workers were not trained and it was not a professional social work. In Indian, professional social work owes its origin to a short-term training course on social service organized by the social service league at Bombay. Till that time social workers did not get any remuneration or salary. It was simply a social service to the needy people guided by the principle of humanity. Later, the first school of social work was started in 1936 by Clifford Marshal, who was a Protestant missionary and worked in Nagpada. He came to India in 1925 and felt the need of trained social workers. He established the Sir Dorabji Tata School

of Social science in Bombay which offered professional training in social work.

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10. Some of values of social case work are:

- (i) Every man has inherent worth and dignity. This is a fundamental value of democracy, and the same is true, therefore, of social work too. He or she is worth caring for the simple reason that he/she is an individual, a human being capable of contributing to the growth of society.
- (ii) From this, it follows that individual has right to self-determination, taking decisions about all the matters related to self as long as it does not interfere with the rights of others.
- (iii) Every individual is the primary concern of society; he has potential for and the right to growth and it is the responsibility of the society to provide equal opportunities to everyone to actualise his self.
- (iv) Every individual, in turn, has to contribute to the society's development by assuming his social responsibility, discharging his functions honestly and acting properly and adequately in his social roles.

11. Everyone prefers to keep his things to himself and saves it from leaking out unless it is divulged and is more beneficial to the person. Once the worker imbibes the value of worth and dignity of an individual, he will refrain from encroaching upon the client's privacy, and maintain the confidence reposed in him. Concept of confidentiality in Western society is much different than what it is in India. In our country, wife and husband have minimum things to hide from each other as compared to their counterparts in the West, especially American society.

12. Every behaviour is functional and serves useful purpose even though it may not serve or fulfill a person's conscious or deliberate design. Behaviour includes all expressions of our body—verbal as well as non-verbal. Hence, all the relevant behaviours (except reflex actions) expressed during the casework interviews, or other ones known to have been indulged in by the client in other situations, should be analysed and assessed (diagnosed). The purpose is to plan a realistic approach to help the client to replace his inappropriate behaviour with an appropriate one and critically examine the purpose behind his problem behaviour or behaviour pattern.

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1.7 SUMMARY

- Every individual, child or adult, in order to grow and develop, has various needs to fulfill. In this task, he has to interact with different types of people and face different environmental conditions.
- The concept of 'social functioning' has gained quite an important place in social case work. This concept fully explains the meaning of the adjective,

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‘social’, used with the word ‘casework’ and helps in differentiating it from psycho-work, i.e., psychotherapy.

- Richmond (1917), who gave a scientific status to casework, defines social case work as one consisting of “those processes which develop personality through adjustments consciously effected, individual by individual, between man and their social environment”.
- Social case work is the method employed by social workers to help individuals find solutions to problems of social adjustment that are difficult for individuals to navigate on their own. Social case work is a primary approach and method of social work, concerned with the adjustment and development of the individual and, in some instances, couples, towards more satisfying human relations.
- During the casework sessions, clients talk about their problems and related past, present and future. Caseworkers pick up points where problems have arisen because of lack of information, knowledge and misperception of the situation. The experiences (misperceptions, feelings and reactions) are corrected in and through the discussions.
- Caseworkers are employed by a large number of organizations in Britain, especially in the voluntary and public sectors. In the United States, most government agencies that provide social services to children in poor or troubled families have a staff of caseworkers, each of whom is assigned a proportion of the cases under review at any given time.
- In India, social work profession began very late and its progress has been neither rapid nor smooth. Here its professional aspect has not been fully recognized. Historically, the tradition of giving assistance to poor, disabled and destitute is very old in India.
- Many social reforms came up to eradicate these social evils. Meanwhile Raja Ram Mohan Roy and Pandit Ramabhai started the Brahmo Samaj, and the Arya Samaj, respectively. Swami Vivekanand established Ramakrishna mission and Annie Besant started Home Rule Movement against the British.
- The first school of social work was started in 1936 by Clifford Marshal, who was a Protestant missionary and worked in Nagpada. He came to India in 1925 and felt the need of trained social workers. He established the Sir Dorabji Tata School of Social science in Bombay which offered professional training in social work.
- Post-Independence, in India, source of all welfare service are inherent in the Constitution. Various schemes with regard to the welfare of women, children, youths and aged persons have been implemented. Government has realized the need of trained professional social workers to work in area of welfare and has also made statutory liabilities to welfare officers in industries.

- Social case work revolves around person, problem, place, and process. These form the nucleus of the case work event. A person with a problem comes to a place where a professional representative helps him by a given process. The person is a man, woman, or child, anyone who finds himself, or is found to be in need of help in some respect of his social emotional living, whether the need be for tangible provisions or counsel.
- Every man has inherent worth and dignity. This is a fundamental value of democracy, and the same is true, therefore, of social work too. He or she is worth caring for the simple reason that he/she is an individual, a human being capable of contributing to the growth of society.
- Unless we really accept the client, we cannot work out his problems. When disliked by us, we may behave to keep him off from ourselves and no positive relationship (report) will be possible. Acceptance involves observance of common courtesies and respect for his ideas and treating him as equal to self.
- Concept of confidentiality in Western society is much different than what it is in India. In our country, wife and husband have minimum things to hide from each other as compared to their counterparts in the West, especially American society.
- Caseworkers have to give this right to the client so that he can decide and take best possible action in his self-interest. This is reasonable also because he knows himself better than others. And, the caseworker is only an enabler who helps him through his expertise to take the best possible decision and action in the circumstances.
- Every behaviour is functional and serves useful purpose even though it may not serve or fulfill a person's conscious or deliberate design. Behaviour includes all expressions of our body—verbal as well as non-verbal. Hence, all the relevant behaviours expressed during the casework interviews, or other ones known to have been indulged in by the client in other situations, should be analysed and assessed.
- Settings like psychiatric or correctional or family welfare etc. pose their own problems because of their inherent nature. Do's and don'ts, material resources, nature of services, legal requirements and sanctions, etc., are to be properly utilised for the benefit of the client.
- We know that every person is similar to others as well as unique in himself. This assumption becomes clear when we notice that the theories of psychology, sociology, medicine, etc., apply to all the persons because everyone possesses the common characterisations of a man. At the same time, he has certain characteristics which are unique to him only.

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- Social case work involves helping individuals with their problems in social functioning through a systematic approach. Knowledge of human behaviour and social situation and skills in human relationship are basic to its practice.
- Social case work is an art when it uses various ways to effect change in human behaviour and a science when it uses knowledge of human behaviour and social situations.

1.8 KEY WORDS

- **Sarvodaya:** This is a term meaning 'Universal Uplift' or 'Progress of All'. The term was first coined by Mohandas Gandhi as the title of his 1908 translation of John Ruskin's tract on political economy.
- **Principle of Individuation:** This is a criterion that numerically distinguishes the members of the kind for which it is given, that is by which we can supposedly determine, regarding any kind of thing, when we have more than one of them or not.

1.9 SELF-ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the meaning of social case work.
2. Briefly discuss the role and purpose of social case workers.
3. Write in short the main objectives of social case workers.
4. Write in brief about social case work scenario in India.
5. Write a brief note on the principles that govern a social worker.

Long Answer Questions

1. Analyse the concept and historical development of social case work.
2. Discuss the main components of social case work.
3. Analyse the contribution of various social reformers and Gandhians in India's social work.
4. Discuss the various challenges that social caseworkers have to cope with.
5. Discuss in detail how social functioning has gained importance in India.

1.10 FURTHER READINGS

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*Introduction to Social
Case Work*

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*Self-Instructional
Material*

UNIT 2 SOCIO-CULTURAL FACTORS

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2.0 INTRODUCTION

Although economic factors play a dominant role in bringing out social changes, the impact of socio-cultural factors cannot be underestimated. As is universally acknowledged Karl Marx emphasized that the entire social structure of a country was determined by economic factors — the means of production and distribution of material means of production and distribution. The material productive forces of society always change the social organization. However, the evolution from agriculture stage to industrialization for material pursuits and economic development further led to social changes and socio-cultural factors started influencing the social system and the social organization grew more complex. The condition of women got ameliorated in developed societies. The social values, norms and traditions underwent a big change. Thus, socio-economic factors have been and continue to be fundamentally important factors of social change but these are not the only determinants of.

The cultural factors begin to play a role in bringing about social change as our social life depends upon our beliefs, ideas, values, customs, conventions, institutions and the like. And when there is a change in these, it influences the social life. Today, issues related to the size family and institution of marriage are drastically changed. The pressures of modern industrial culture have forced the people to practice small family norms.

However, such socio-cultural changes have also brought in challenges for social case workers. Social work now requires a diverse and demanding range of skills. While many people who become social workers have a natural aptitude for these skills, it is essential to hone them throughout one's career. While there is no definitive list, there are numerous skills required to be a social worker. Those who pursue social work profession must understand the impact of socio-cultural factors on individual and families and accordingly make use of methods for social work.

This unit aims at analysing the socio-cultural factors which impact the social work in India and highlights the role of requisite skills for social workers in this changing scenario.

Socio-cultural Factors

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2.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the various factors affecting social work practice in India
- Analyse the significance of socio-cultural factors in social work practices
- Enumerate the skills of social case workers
- Analyse the impact of social and cultural factors on individual relationships
- Understand the impact of social and cultural factors on families
- Enumerate the values and norms of social culture
- Explain the tradition and conformity in family culture in social work practices
- Analyse the significance of family cultures in social case work

2.2 SOCIO-CULTURAL FACTORS AFFECTING THE CASE WORK PRACTICE IN INDIA

The economic factors constitute an important factor of social change. Marx said that the entire social structure of a country is determined by economic factors i.e the means of production and distribution of material means of production and distribution. When there are changes in the means of production i.e the material productive forces of society, it is always changes the social organization.

The birth of the institutions of marriage and family took place under the influence of the means of production of material means of livelihood. With the birth of family wealth and possessions became important.

When the society graduated to agricultural stage, the social organization grew more complex. People settled down at a particular place for raising crops. Life became stable and located and the villages came into being. Agriculture gave rise to allied industries. With the division of labour the society got divided into

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several classes. The institution of kingship and feudalism was born during this period.

The agriculture stage gave way to the industrial stage. In the era of Industrial Revolution, several inventions came to be made and machine system of production came into existence. All this brought about drastic changes in the social set-up.

The problem of housing cropped up in the cities. Urbanisation came into play. The problem of maintaining law and order and the need for providing civic amenities came to very big. More and more ways of entertainment came to be developed.

The joint family system suffered a decline and the nucleus family came to be the basic social unit. Women also became a work force. Male-female relations got changed when women also started working in factories, offices and shops.

The condition of women got ameliorated in developed societies. The social values, norms and traditions underwent a big change. Thus, socio-economic factors have been and continue to be fundamentally important factors of social change but these are not the only determinants of.

2.2.1 Cultural Factors

The cultural factors also play a role in bringing about social change. Our social life depends upon our beliefs, ideas, values, customs, conventions, institutions and the like. When there is a change in these, it influences the social life. For example, let us consider the system of marriage. To begin with, the ceremonies were religious and people regarded marriage as something sacred and irrevocable. Today, we hold a different view. Marriage is held to be good for personal comfort. It has affected the thinking in favour of irrevocability of marriage and consequently the number of divorcees has registered a big increase.

The view regarding the issues (children born out of marriage) has undergone a change. Today all western societies have been living with children born to unwed mothers and children belonging to broken families. In India, the mad love of a male child and the short-sighted view of girl-child as a burden have together given rise to the evil and inhuman and dangerous, practice of female feticide. The pressures of modern industrial culture have forced the people to practice small family norms.

The relations between the parents and children have undergone a big change. The new love and need for working couples has acted as a source of big change in family relations and culture. Thus, socio-economic and cultural factors always act as big and formidable factors of social change.

2.2.2 Skills of Social Case Worker

Social work requires a diverse and demanding range of professional, emotional, and cognitive skills. While many people who become social workers have a natural aptitude for these skills, it is essential to hone them throughout one's career. In

fact, becoming a life-long learner is an ethical requirement of professional social workers. While there is no definitive list, here are a few qualities and skills required to be a social worker. These are as follows:

1. Active Listening

Much of a social worker's role is to listen effectively. This means reflecting back what clients say and being engaged in every conversation so that they know you understand them. Good listening establishes trust and respect early on, so clients will feel comfortable confiding in you. Most importantly, active listening not only builds a therapeutic alliance, but clients also feel seen and understood by you. Feeling visible and affirmed is a core component of any therapeutic alliance in any practice setting.

2. Emotional Intelligence (EI)

Many people who decide to be social workers already have a high EI, or Emotional Intelligence. This includes high levels of self-awareness, empathy, and sensitivity to others. Social work will often require balancing what you know (e.g., symptoms of a certain mental illness) and what you intuit (i.e., reading between the lines of what is said).

3. Organization

In addition to helping clients, social workers provide case management services, such as billing, maintaining collateral relationships, making phone calls, and networking with other service providers. Providing clinical case management and psychosocial support requires a great deal of organization and the ability to prioritize according to the urgency of a client's needs.

4. Critical Thinking

People are complex, and our clients often seek help for problems in many domains of their lives. Being able to think on your feet and to think critically and creatively will allow you to effectively help your clients.

5. Tolerance

Social workers work with diverse clients. Being culturally responsive and approaching clients who are from different racial, socio-economic, and ethnic communities with respect and openness is a core component of social work practice.

6. Setting Boundaries

Social workers often feel that their work is never truly complete, and many take the emotional stress of their work home with them (intentionally or not). Setting boundaries between yourself and your clients, protecting time for self-care, and seeking support through one's family, friends, and a broader professional community will help you create a healthier work-life balance. Leaving work at the office and enjoying personal time will make you a more effective professional and a happier individual.

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NOTES**7. Empathy**

Understanding others intellectually, culturally, and emotionally is important in social work. Without understanding or empathy, it is almost impossible to help clients. Empathy is the ability to imagine oneself in someone else's situation and to feel some of what that person may be experiencing. Empathy, like all skills, can be understood and honed. Most people who choose to be social workers are already naturally empathic, but it still merits practice.

8. Communication

Social workers must communicate in many different ways and with many different people. It is important to be clear and transparent about the scope of services that you can provide as their social worker. This means saying what is within the realm of possibility and what is not. These can be hard conversations to have, especially when you want to do all you can to help your client. But, as you will learn in time, we have our limits. Be sure to incorporate this discussion as you are building a relationship during contracting and goal setting. Thus, this process is both written and verbally explored. Additional communication occurs between care providers, and you will be required to document what you do with your clients and to provide written reports for third party payers, your supervisor or agency administration, and co-workers.

9. Inner Strength

Social workers' work can be emotionally challenging. When you are dedicated, it can take a lot out of you. It is essential to your health and the efficacy of your practice that you take care of yourself, emotionally and psychologically. You will derive more satisfaction from your work, and you will be a more effective helper to your clients if you take steps to fortify your personal strengths and capacities.

Social work is an incredibly meaningful career. It allows you to bring the best of yourself, a set of theories and knowledge about human development and behavior, and a range of practice approaches to help human beings who have experienced oppression, marginalization, mental illness, addiction, and trauma. If this resonates with you, you may want to consider clinical social work.

Social and cultural factors play an important role in shaping our personality. Family is the most important source of influence on our personality. Children from healthy families are much well-adjusted as compared to children from broken homes. Besides family, school and teachers also have a considerable influence on us.

For example, a child who has studied in a co-educational, secular, urban school will have a completely different personality as compared to one who has studied in a religious non-coeducational school located in a backward region. Peer group, mass media and cultural environment also considerably shape our personality development.

2.2.3 Impact of Socio-Cultural Factors on Individual Relationship and Other Methods of Social Work

Socio-cultural Factors

1. Home Environment and Parents

Family is one of the most important factors shaping an individual's personality. It is the child's first school where socialisation takes place. Parents serve as a model whom the child imitates. Their influence is considerable on the child. Parents influence the development of a child's personality in a wide variety of ways. Children learn the moral values, code of conduct, social norms and method of interacting with others from parents.

Psychological research has shown that children of anxious parents become anxious. They have observed that certain interactions within families and early relationships can set the stage for children to develop neurotic life styles in later life. For example, parents who overprotect or give very little freedom to children may prevent them from developing independent personality and effective coping techniques required in adult life.

As a result these children become too much dependent. They develop an introvert personality and external locus of control (i.e. they believe that external events like luck, fate, etc. are more important than hard work). Similarly, insecure parents instil their own excessive concern over ailments into their children which leads to the development of somatoform disorders.

Bateson and his colleagues have clearly shown that schizophrenia, a severe psychological disturbance develops in families where there is a communication problem which they labelled as double-bind communication. In this type of communication, the parent presents to the child ideas and feelings that are mutually incompatible. Children who are achievement-oriented and healthy come from families, whose parents are talkative, show concern for the child, give them enough independence and are not critical about the child's activities and are realistically demanding and provide periodic feedback to the children about their performance.

Thus, from the above discussion we see that home environment and parent's influence not only impact the development of normal behaviour but also help the child to develop certain personality characteristics that will help them to develop positive personality traits. This could help them to adjust better with the environment.

2. School Environment and Teachers

They also influence our personality. Some schools give more emphasis on formation of certain personality traits as compared to others. This is the reason why parents insist that their children should get admission in a particular school. The school environment in a municipal school is generally found to be less stimulating as compared to that in private schools.

Teachers, like parents, influence us considerably. Critical, punitive and overcontrolling teachers are "likely to create helplessness and aggression among

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children. Teachers have the power not only to motivate children but also to influence them to model many aspects of their behaviour or personality. Teachers play an important role in the normal development of children.

3. Peer Group

The influence of the peer group on the behaviour and personality of a child is felt from primary school years. Peer group refers to other children of the same age who study with or play with the child. Peer group is much more influential than siblings (brothers or sisters) or parents.

Even at pre-school age, playmates are highly influential. Children imitate peers and aspire to be like them in many respects. The peer group serves as an important reference group in shaping personality traits and characteristics of the growing child.

As we grow up, our peers become progressively more influential in moulding our self-concept. We learn many forms of behaviour, some socially appropriate and other socially undesirable from our peers.

4. Sibling Relationship

Sibling means a brother or a sister. The number of siblings as well as their sex and age has a considerable influence on the development of our personality. For example, if a child has an elder sister he will be more comfortable in interacting with female peers as compared to when he does not have an elder sister.

Similarly, one's birth order has also been found to considerably influence development of many personality traits. It has been found that firstborns tend to be more reserved and achievement oriented. They seem to ally themselves more closely with their parents in order to overcome a sense of being displaced in the parents' affections by younger siblings.

A younger siblings may attempt to compete for parental attention by being rebellious and outgoing. In many cases younger sibling's often model themselves on an older sibling. There is a tendency, for example, for boys to show a more feminine style of personality, during childhood at least, if they have an older sister. Younger siblings, in general, receive less parental attention, especially in large families.

Research studies have shown that as the age gap between the two siblings increases, the probability of sibling rivalry also increases.

Thus, from the above discussion, we see that presence or absence of siblings and their birth order considerably influences the development of a wide variety of personality traits like aggressiveness, cooperativeness, jealousy, etc.

5. Mass Media

It is another factor that influences an individual's personality. Mass media includes films, television, radio printed literature, etc. Social learning theorists like Bandura and Walter Mischel, on the basis of their research studies, have conclusively shown

that mass media has a considerable impact on our personality, attitudes, values, beliefs, and behaviour patterns.

According to social learning theory, a model is an individual who has some significance or impact on our life. Baron and Bryne have shown that individuals, especially children, imitate specific aggressive acts of models. They have proposed that human personality formation is a result of modelling and imitating the behaviour of significant others. Many abnormal forms of behaviour can be learned by imitating models from the mass media.

6. Cultural Environment

Cultural environment influences our personality because every culture has a set of ethical and moral values, beliefs and norms which considerably shapes our behaviour and thought. Cross-cultural studies have pointed out the importance of cultural environment in shaping our personality. Individuals of certain cultures are more generous, open-hearted and warm whereas individuals of some other cultures are suspicious, introvert and self-centred.

An average American is more achievement-oriented as compared to an average Indian. Similarly, it has also been found that certain cultural communities are more prone to development of certain abnormal behaviours as compared to others, probably due to the influence of geographical, dietary, hormonal or genetic influence within that community.

Many psychological traits are also influenced by the culture to which one belongs. Latin American or Danish children are less inhibited as compared to an average Asian child.

2.2.4 Impact of Socio-Cultural Factors on Family Relationships and Other Methods of Social Work

Most people do not think of their family as having a “culture.” They associate culture with countries and ethnic groups. For most of us, it’s just a group of familiar people doing what they always do.

Yet it is exactly this—a characteristic way of thinking, feeling, judging, and acting—that defines a culture. In direct and subtle ways, children are moulded by the family culture into which they are born. Growing up, their assumptions about what is right and wrong, good and bad, reflect the beliefs, values and traditions of the family culture. Most take for granted their family’s ways, and they carry into adulthood numerous attitudes and behaviors acquired in childhood.

Even those who later reject all or part of the family culture often discover that they are not entirely free of their early influences. No matter that they promise themselves they will never repeat the mistakes of their own family—certain cultural attitudes and responses are so ingrained in family members that they continue to affect their thinking and behavior, whether or not those individuals are aware of such influence.

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To say that families have identifiable cultures, however, is not to suggest that they are static. Families are in a constant state of transition as each member moves through the cycles of life and the family itself moves from one stage of development to the next. Marriages, births, divorces and deaths change the family constellation and, in profound ways, alter the family culture. Simultaneously, larger political, economic and social forces also impinge on the family culture. The social revolution that began in the 1960s, for example, changed—among other things—attitudes and expectations about the roles of men and women. The boy or girl raised in a family in which mother and aunts are professional women is exposed to a very different family culture from the one their grandparents knew.

2.2.5 Organizational Cultures

In the 1980s, management theorists and consultants popularized the concept of organizational culture. They described corporations in anthropological terms, pointing to their social structure, norms and laws, language, dress codes and even their artefacts. Organizations with distinct cultures invariably bore the imprint of their founders. The corps of clean-shaven IBM executives dressed in white shirts and blue suits reflected the personality, beliefs and style of Thomas Watson, Sr., just as the bearded Apple employees wearing jeans, T-shirts and Birkenstock sandals reflected those of Steve Jobs and Steve Wozniak.

Like corporations, family foundations have distinct organizational cultures, and they are as varied as the families that generate them. They run the gamut from formal, with tightly run meetings held in foundation boardrooms, to informal, with gatherings around a family member's dining-room table. As in corporations, the values and norms of the founders and their families determine the focus of the foundation as well as how it is governed, how conflicts are handled and how emotions are expressed.

To recognize the effects of family culture on the style and direction of a family foundation, present Chapter will look at four particular cultural attributes: *values*, *norms*, *traditions* and *conformity*. Each is examined subsequently.

(a) Values

The values of the family set the basic tone for the family foundation. They inspire the choice of mission as well as the foundation's policies and practices. Typically, the values of the individuals who have created the family's wealth predominate. Entrepreneurs with the single-mindedness and drive to amass fortunes often have powerful and compelling personalities to match. Not surprisingly, then, they shape foundations in their image and according to their values, philosophy and preferred style of management—just as they did their business.

One such man was A. Lincoln Filene, who founded the Lincoln and Therese Filene Foundation in 1946. Born shortly after the assassination of President Lincoln, he was named by his immigrant parents in honor of the fallen president. Filene

remained true to his namesake; throughout his life, he held progressive political views and acted on them.

Innovative businessman, Lincoln Filene and his brother Edward, built a major retail business, Filene's department store in Boston, which had been started by their father. Later, Lincoln Filene joined with other store owners to form Federated Department Stores. The Filene brothers were the first to employ a full-time nurse in their store as an employee benefit in an era when most workers could not afford good medical care. They also promoted the creation of credit unions to help workers generate purchasing power.

Lincoln Filene was as engaged in the world as he was in his store. In the 1930s he established programs for Jewish refugees fleeing Nazi Germany with the dual purpose of helping them get jobs and learn what it means to be an American. In the 1950s he created the Filene Center for Civic Participation at Tufts University, and he also helped establish the first public broadcasting station in Boston.

Fifty years after the family foundation was founded, Filene's social and political commitments still prevail. Lincoln Filene would be pleased that today, members of the third, fourth and fifth generations of the family serve side by side on the board and on program committees carrying out the work he began on issues involving civic education, public broadcasting and job training.

The values of entrepreneurs who have created their family's wealth do not always inspire family members to follow in their footsteps. In some cases, they motivate them to take an opposite course. Charles Demeré, the founder of the Debley Foundation in St. Mary's City, Maryland, is one who took a different path from that of his father and brothers.

Demeré grew up hearing the story of his father Raymond's "Horatio Alger" rise from rags to riches. Forced to leave school to support his family, Raymond began delivering oil from a single barrel on the back of a truck. He eventually built his one-man business into the largest oil company in the Southeast. Yet even as a young man, Demeré recognized that his father was unhappy.

"I'd see my father reading books about how to gain peace of mind," says Demeré, "but I could see that he didn't have it. He spent his health in gaining wealth, and then spent his wealth to regain his health. I realized that wealth alone didn't make life satisfying. I decided to look for meaning elsewhere."

While his brothers followed careers in business, Demeré turned to spiritual pursuits. Ordained as an Episcopal priest, he and his wife, Margaret, chose to raise their family in modest circumstances. In 1962, after Demeré and his brothers dissolved a business partnership they had inherited from their father, Demeré used 10 percent of his money to endow the Debley Foundation. The name Debley, which combines the surnames of his father (Demeré) and his mother (Mobley), symbolizes the family philanthropic effort that Demeré hoped the foundation would foster. He invited his brothers, along with his cousins from the Mobley side of the family, to sit on the board.

Socio-cultural Factors

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“My idea was to pool our money and ideas,” says Deméré, “and, in the process to strengthen ties between the two sides of the family. It never happened. They’d just ask me what I wanted to give to, and then they’d rubber-stamp it and adjourn the meeting.”

Deméré’s dream of involving the extended family in creating a family culture built on philanthropic values never took hold. Later, he would try again, inviting his children on the board when they came of age. Today, two of Deméré’s four children serve on the board, along with his wife and two cousins.

It is not only the values of the person who creates the family wealth that stamp the family culture. The O’Neill family in Cleveland traces the value it places on family unity to Hugh O’Neill, who immigrated to the United States in 1884. Settling in Ohio, Hugh O’Neill raised his children to respect and maintain family ties. His grandson, William (Bill) J. O’Neill, Jr., explains that when he was growing up, “all the branches of the family lived nearby. We were almost as close to our cousins as were to our own brothers and sisters. My grandfather passed on his value of family cohesiveness to his children, who passed it on to us. Now my generation is doing the same for the next generation.”

O’Neill family members worked together in the family business, Leaseway Transportation, a publicly traded company started by Bill’s father and his two uncles. They, with Bill and some of his cousins, built the trucking and warehouse business into a billion-dollar-a-year operation. After the family sold its shares in Leaseway, Bill set up a family office to manage the family’s investments.

In 1987, the family discovered yet another way to tie its members together. Bill and his mother, Dorothy, the principal donor, established the William J. and Dorothy K. O’Neill Foundation. In keeping with the clan mentality, their goal was to involve every family member in the foundation at whatever level they could participate. Bill and his mother are the only trustees, but his five siblings sit on the disbursement committee along with Bill’s wife and three members of the third generation. Whether or not they are active on committees, adult members of the family’s six branches are invited to attend meetings, and all receive detailed minutes of each foundation meeting explaining what was decided and why.

(b) Norms

Norms are the spoken and unspoken rules of cultures. Reinforced over time, they operate as invisible constraints on family members’ behavior. Norms set standards for how family members dress, talk and act. They also set limits on what is permissible or impermissible behavior under different circumstances and conditions. More than just rules of etiquette, norms provide family members with a guide for living both within the home and without.

When families establish foundations, they bring with them the rules of behavior that have governed the family culture. In 1985, John and Marianne Vanboven (not their real names) set up the Theodore Vanboven Family Foundation

in honor of John's father, a Dutch immigrant who built the family fortune. Originally, the board was composed of John and Marianne and their two children, Thomas and Alexandra. Then, two years ago, the children's spouses Joan and Michael, were added to the board.

"In our family, good manners count for everything," says Thomas. "As children, my sister and I learned not to raise our voices, never to ask personal questions, and to avoid dissension at all costs. If we violated those rules, my parents would only have to raise their eyebrows to let us know that our behavior was out of line."

When Thomas and Alexandra went away to college in the 1970s, they encountered a different set of norms. There, free expression was not only encouraged but considered healthy. Both Thomas and Alexandra spent several years in therapy learning how to express their feelings, and both married spouses who grew up in family cultures in which arguing and shouting were commonplace. Nonetheless, when Thomas and Alexandra are in the company of their parents, they still follow the rules of behavior they were taught as children.

Before the spouses joined the board, meetings to discuss allocations ran smoothly. The foundation funds higher education and church-run social services programs. Although Thomas and Alexandra wanted to be more adventurous grantmakers, they were reluctant to introduce proposals outside their parents' purview.

When the spouses joined the board, however, they had a different understanding of what their roles would be. They expected that as trustees, they would be free to debate ideas and grant proposals. Joan quickly caught on to the Vanbovens' unspoken norms and backed away from controversy. But Michael persisted in arguing his positions, sometimes quite aggressively and long after they were voted down by the board.

"It was evident from my parents' silence and body language," says Thomas, "that they were uncomfortable when Michael raised his voice or banged his fist on the table, but Michael seemed oblivious to their signals. When I mentioned his behavior to my mother, she denied that anything was wrong. That's the way my parents are. They close their eyes to whether they don't want to see, and then hope that the problem will clear up by itself."

As hard as the Vanboven family tries to avoid controversy, the Jacobs family welcomes it. They refer to themselves as a "loud and feisty bunch," and there is no mistaking who inspired that image. Joe Jacobs, a child of Lebanese immigrants, grew up in poverty in Brooklyn. After earning a degree in chemical engineering, he started a small consulting business in 1947 that he built into the billion-dollar Jacobs Engineering Group.

As an undergraduate student, Joe was trained in Socratic dialogue, and this discipline sparked a love of intellectual sparring that he passed on to his three

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daughters. Over the years, the family has had plenty of opportunities to practice its debating skills. Joe is a political conservative and advocate of the free enterprise system, and his daughters are liberals. One rule guides the family's arguments: say what you have to say with passion and heat, and then give others the same opportunity.

Once, in a particularly fiery argument between Joe and his daughter Linda, an exasperated Joe asked Linda what made her so opinionated. Her instant reply was, "Where do you think I learned that, Dad?" A few days later, Linda gave her father another answer. She presented him with a plaque imprinted with a quote from Jonathan Swift: "We love each other because our ailments are the same." Joe hung it on the kitchen wall.

In 1989, Joe and his wife, Violet (Vi), set up the Jacobs Family Foundation in San Diego, California, and invited their daughters, and later their two sons-in-law, to serve on the board. Until the family discovered a common interest, funding microenterprises, their arguments over the foundation's mission were long and furious. But they all agreed that they wanted their foundation to break new ground in philanthropy; and once again, the norms of the family culture prevailed. Joe had taken risks in building his business and wanted the foundation to do the same in philanthropy. For years, he kept on his desk a cartoon of Babe Ruth at bat; its caption read "*Babe Ruth struck out 1,330 times.*" As Joe says, "Defeat can't be avoided. It's part of daring. That's why I tell my family, listen kids, we may get knocked on our behinds fighting the system, but we're going to do it."

The Jacobs Family Foundation has had many successes as well as its share of disappointments. In sticking its neck out, it has made mistakes and misjudged the capacity of certain individuals for leadership. But what some families might regard as failures, the Jacobs see as valuable lessons. Undaunted, they are confident they are on the right track.

c. Traditions

All families have traditions that are passed down from one generation to the next. In the past, when the extended family all lived in one place, traditions were built into the routines of daily life and kept alive by family elders. As family branches diverged and the elders died, the traditions often died with them.

With family members scattered around the country, families now have to work hard to create and maintain their traditions. The O'Neill family, for example, holds reunions every three years for the entire clan—some 235 relatives who live in the United States. For one family branch of the clan whose members want to meet more regularly, there is also an annual weekend gathering every summer, which nearly half the family attends. Typically, one person in the family takes the initiative in organizing family events; in the O'Neill family, that person is often Bill O'Neill. To keep track of this large family, he prints and distributes a clan telephone directory, which he updates annually.

Several trustees interviewed mentioned traditional summer gathering places where the family comes together for fun and relaxation, usually at the summer home of the grandparents or at a family camp. It was through childhood experiences of those places, some say, that they first developed the sense of belonging to something larger than their immediate family.

For 200 years, for example, the Pardoe family has maintained a family farm in New Hampshire. Purchased in 1796, the farm had been continually occupied by family members until the death of the family matriarch, Helen Pardoe, in 1988. Now the ownership and management of the farm have passed to the younger generation. Although younger family members live on both coasts, they still regard the farm as their symbolic family home.

“My grandmother was a large presence in the family,” says Charles Pardoe II, “and we were all close to her. The farm symbolizes the values my grandmother lived by and passed on to us about the importance of a tight-knit family, hard work and positive attitudes.”

The farm continues to be a family gathering place, and because the current owners of the farm are also the directors of the Samuel P. Pardoe Foundation in Washington, DC, at least one of the foundation’s meetings is held there annually. The family foundation is now exploring ways to fund educational and charitable programs that use the farm’s fields, barns and livestock in their activities.

Not all traditions are formal practices or celebrations; some are customary ways of doing things that go unquestioned. Often family members think and behave in certain ways because “that’s how it’s always been.” When families set up family foundations, they generally structure those foundations according to the same traditions. Foundations that do not have private offices, for example, often hold meetings in the home of the family elders (the traditional meeting place). Similarly, families with a tradition of vesting authority for business and investment decisions exclusively in the hands of the men in the family or the family elders generally set up a similar hierarchy in the foundation.

Traditions respected within the context of the home, however, may be challenged when carried over to the foundation. Coming together under different circumstances and in a wholly different arena, family members who have been excluded from decision making may no longer be as willing to abide by the usual traditions when they become trustees. Sometimes, even the family leaders themselves recognize that a different management structure is needed for the foundation.

d. Conformity

Family cultures vary greatly in their tolerance of differences. Some demand total allegiance to the values of the culture and regard any divergence from the norm as threatening to the well-being of the family. Some even go as far as to cut off all contact with family members who embrace different philosophies or styles of living.

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When families of this cultural type set up foundations, they impose the same demand for conformity on trustees. Typically, little, if any debate takes place, and new voices or perspectives on issues are discouraged. One trustee, the granddaughter of the founder of a large foundation in the South, tells of her experience of joining the board when she was well into middle age. Married at age nineteen to escape what she described as an oppressively proper family life, she lived on the West Coast until her divorce several years ago. Back in her hometown, she was eager to serve on the family board, seeing the foundation as a way to reintegrate into the community.

In her absence, the control of the board had passed from her grandmother, the founder, to her father, and then to her three brothers, who, for the past eight years, had followed the same “cookie-cutter” approach to broaden the foundation’s grantmaking. She began meeting with members of the community to learn more about the foundation’s funding areas and to explore new approaches that the board might take in supporting local groups. Excited by her findings, she recommended that some of these individuals be invited to speak to the board at its next meeting. The board turned down her suggestion.

“They reacted as if I were a traitor to the family,” she says. “They regard any changes from the way my grandmother and father did things as betrayal. It’s frustrating that they shut the door to new ideas because with the amount of money we give away each year, this foundation could be a real force for change in this town.”

Other families, like the Stranahans, go to great lengths to ensure that everyone’s voice is heard. In 1956, Duane and Virginia Stranahan formed the Needmor Fund in Boulder, Colorado, with money earned from the family business, Champion Spark Plug, started by Duane’s father and uncle. The Stranahans are a large family (Duane and Virginia had six children who had sixteen children of their own), and their politics run the gamut from conservative to progressive. Despite their diversity, they place great value on inclusiveness.

“My grandfather is a quiet man who set an example of *not* imposing his views on others,” says Abby Stranahan, the current board chair. “He wants the family to work together, and he trusts them to make good decisions.”

The family’s tolerance for diversity was tested during the 1970s when the family and the foundation were in turmoil. Duane and Virginia divorced, as did several other family members, and others moved away from the family home in Toledo, Ohio. Meanwhile, Virginia left the board, and members of the third generation, politicized by the events of the times, had their own ideas on how to give money away.

To preserve family unity and encourage family participation, the foundation revised the trust agreement. Under the new guidelines, any family member who contributed \$1,000 to the foundation was considered a voting member of the foundation. Moreover, the family felt a need to develop a broad mission that would

include the wide sweep of political philosophies. To that end, they hired a strong and experienced executive director who helped them cut through their political differences to find a common interest in funding grassroots empowerment.

“Ironically,” says Stranahan, “the board’s impulse to move toward a more unifying and less politicized mission led us to more progressive funding. What was dividing the family was not values but rhetoric. Once family members discovered they had similar concerns and that those concerns cut across political differences, they were able to focus on foundation goals.”

This brief introduction to family culture points at the many strands that weave together two systems, the family and the foundation. As will become clearer in later chapters, that influence does not move in one direction but rather is reciprocal. The family is changed by the experience of running the foundation, and the foundation, in turn, is influenced by the changes in the family. Founders die, and with them often go their styles of leadership and management. In-laws join the family, importing beliefs, norms and traditions from their own family cultures. The younger generation comes on board, reflecting a new set of values and experiences and, often, different funding agendas. Conflicts erupt, circumstances change and new challenges arise that require trustees to rethink their old ways or to devise different strategies for managing situations.

And so life moves inexorably forward as both internal and external forces continuously shape and influence the cultures of the two systems—the family and the foundation. Later chapters of this guide will explore in more detail the interaction between these two systems.

Check Your Progress

1. How, according to Marx, do economic factors influence social change?
2. How do cultural factors play a role in bringing about social change?
3. Why do social workers need high Emotional Intelligence (EI)?
4. What role does empathy play in social work profession?
5. How does school environment and teachers influence our personality?
6. How has mass media a considerable impact on our personality, attitudes, etc.?
7. How are families in a constant state of transition?
8. Who popularized the concept of organizational culture?
9. List the four particular cultural attributes.

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2.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

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1. The economic factors constitute an important factor of social change. Marx said that the entire social structure of a country is determined by economic factors i.e the means of production and distribution of material means of production and distribution. When there are changes in the means of production i.e the material productive forces of society, it is always changes the social organization.
2. The cultural factors also play a role in bringing about social change. Our social life depends upon our beliefs, ideas, values, customs, conventions, institutions and the like. When there is a change in these, it influences the social life.
3. Many people who decide to be social workers already have a high EQ, or Emotional Intelligence. This includes high levels of self-awareness, empathy, and sensitivity to others. Social work will often require balancing what you know (e.g., symptoms of a certain mental illness) and what you intuit (i.e., reading between the lines of what is said).
4. Empathy is the ability to imagine oneself in someone else's situation and to feel some of what that person may be experiencing. Empathy, like all skills, can be understood and honed. Most people who choose to be social workers are already naturally empathic, but it still merits practice.
5. Some schools give more emphasis on formation of certain personality traits as compared to others. This is the reason why parents insist that their children should get admission in a particular school. Teachers, like parents, influence us considerably. They have the power not only to motivate children but also to influence them to model many aspects of their behaviour or personality.
6. Mass media includes films, television, radio printed literature, etc. Social learning theorists like Bandura and Walter Mischel, on the basis of their research studies, have conclusively shown that mass media has a considerable impact on our personality, attitudes, values, beliefs, and behaviour patterns.
7. Families are in a constant state of transition as each member moves through the cycles of life and the family itself moves from one stage of development to the next. Marriages, births, divorces and deaths change the family constellation and, in profound ways, alter the family culture. Simultaneously, larger political, economic and social forces also impinge on the family culture.
8. In the 1980s, management theorists and consultants popularized the concept of organizational culture. They described corporations in anthropological terms, pointing to their social structure, norms and laws, language, dress

codes and even their artefacts. Organizations with distinct cultures invariably bore the imprint of their founders.

Socio-cultural Factors

9. The four particular cultural attributes are:

- (i) Values: The values of the family set the basic tone for the family foundation. They inspire the choice of mission as well as the foundation's policies and practices. Typically, the values of the individuals who have created the family's wealth predominate.
- (ii) Norms: Norms are the spoken and unspoken rules of cultures. Reinforced over time, they operate as invisible constraints on family members' behavior. Norms set standards for how family members dress, talk and act. They also set limits on what is permissible or impermissible behavior under different circumstances and conditions.
- (iii) Traditions: All families have traditions that are passed down from one generation to the next. In the past, when the extended family all lived in one place, traditions were built into the routines of daily life and kept alive by family elders. As family branches diverged and the elders died, the traditions often died with them.
- (iv) Conformity: Family cultures vary greatly in their tolerance of differences. Some demand total allegiance to the values of the culture and regard any divergence from the norm as threatening to the well-being of the family. Some even go as far as to cut off all contact with family members who embrace different philosophies or styles of living.

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2.4 SUMMARY

- When the society graduated to agricultural stage, the social organization grew more complex. People settled down at a particular place for raising crops. Life became stable and located and the villages came into being. Agriculture gave rise to allied industries. With the division of labour the society got divided into several classes.
- The cultural factors also play a role in bringing about social change. Our social life depends upon our beliefs, ideas, values, customs, conventions, institutions and the like. When there is a change in these, it influences the social life.
- Social work requires a diverse and demanding range of professional, emotional, and cognitive skills. While many people who become social workers have a natural aptitude for these skills, it is essential to hone them throughout one's career.
- Social workers' work can be emotionally challenging. When you are dedicated, it can take a lot out of you. It is essential to your health and the

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efficacy of your practice that you take care of yourself, emotionally and psychologically.

- Family is one of the most important factors shaping an individual's personality. It is the child's first school where socialisation takes place. Parents serve as a model whom the child imitates.
- Sibling means a brother or a sister. The number of siblings as well as their sex and age has a considerable influence on the development of our personality. For example, if a child has an elder sister he will be more comfortable in interacting with female peers as compared to when he does not have an elder sister.
- Cultural environment influences our personality because every culture has a set of ethical and moral values, beliefs and norms which considerably shapes our behaviour and thought. Cross-cultural studies have pointed out the importance of cultural environment in shaping our personality.
- Most people do not think of their family as having a "culture." They associate culture with countries and ethnic groups. For most of us, it's just a group of familiar people doing what they always do.
- Like corporations, family foundations have distinct organizational cultures, and they are as varied as the families that generate them. They run the gamut from formal, with tightly run meetings held in foundation boardrooms, to informal, with gatherings around a family member's dining-room table.
- The values of the family set the basic tone for the family foundation. They inspire the choice of mission as well as the foundation's policies and practices. Typically, the values of the individuals who have created the family's wealth predominate.
- O'Neill family members worked together in the family business, Leaseway Transportation, a publicly traded company started by Bill's father and his two uncles. They, with Bill and some of his cousins, built the trucking and warehouse business into a billion-dollar-a-year operation.
- Norms are the spoken and unspoken rules of cultures. Reinforced over time, they operate as invisible constraints on family members' behavior. Norms set standards for how family members dress, talk and act. They also set limits on what is permissible or impermissible behavior under different circumstances and conditions.
- The Jacobs Family Foundation has had many successes as well as its share of disappointments. In sticking its neck out, it has made mistakes and misjudged the capacity of certain individuals for leadership. But what some families might regard as failures, the Jacobs see as valuable lessons. Undaunted, they are confident they are on the right track.
- Traditions respected within the context of the home, however, may be challenged when carried over to the foundation. Coming together under

different circumstances and in a wholly different arena, family members who have been excluded from decision making may no longer be as willing to abide by the usual traditions when they become trustees.

- When families of this cultural type set up foundations, they impose the same demand for conformity on trustees. Typically, little, if any debate takes place, and new voices or perspectives on issues are discouraged.
- Other families, like the Stranahans, go to great lengths to ensure that everyone's voice is heard. In 1956, Duane and Virginia Stranahan formed the Needmor Fund in Boulder, Colorado, with money earned from the family business, Champion Spark Plug, started by Duane's father and uncle.
- Founders die, and with them often go their styles of leadership and management. In-laws join the family, importing beliefs, norms and traditions from their own family cultures, The younger generation comes on board, reflecting a new set of values and experiences and, often, different funding agendas.

Socio-cultural Factors

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2.5 KEY WORDS

- **Emotional Intelligence (EI):** The term is referred to the capability of individuals to recognize their own emotions and those of others.
- **Social Learning Theorists:** They posit that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement.

2.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the changing relations between parents and children.
2. Write a brief about the need of 'active listening' as a requisite skill for social case workers.
3. Write a short note on 'social work as an incredibly meaningful career.'
4. Write in brief about the influence of cultural environment on our personality.
5. Write a brief note on the role of value on organizations.

Long Answer Questions

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1. Analyse the socio-cultural factors that impact the social work practice in India.
2. Discuss the significance of certain skills for social case workers.
3. Analyse the contribution of cultural attributes in the family-run businesses.
4. Discuss the success and failures of the family culture in an organization.

2.7 FURTHER READINGS

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BLOCK - II

CASE WORK PROCESS AND EVALUATION TOOLS AND TECHNIQUES OF SOCIAL CASE WORK

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UNIT 3 SOCIAL CASE WORK PROCESS

Structure

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Phases of Social Case Work Process: An Overview
 - 3.2.1 Tools and Techniques in Social Case Work Process
 - 3.2.2 Assessment
 - 3.2.3 Social Diagnosis
 - 3.2.4 Intervention (Treatment)
 - 3.2.5 Objectives of Social Case Work Treatment
 - 3.2.6 Social Case Work Treatment Process
 - 3.2.7 Application of Intervention Methods
 - 3.2.8 Supportive Counselling Techniques
 - 3.2.9 Therapeutic Interview
 - 3.2.10 Evaluation
- 3.3 Answers to Check Your Progress Questions
- 3.4 Summary
- 3.5 Key Words
- 3.6 Self Assessment Questions and Exercises
- 3.7 Further Readings

3.0 INTRODUCTION

Social case work moves through various phases which enable social case workers to understand client's needs and function professionally. In the social case work process, various tools and techniques are taken into account and employed. Interviews with the client motivate, teach, secure information and help him/her to bring out things, which are troubling him/her. It is also one of the best ways of observing a person's behaviour. Records and documents also have a special place. There is role of assessment that begins with a further elaboration of the problem by the client giving the worker a better perspective and understanding of the problem. One of the tasks of the caseworker in this phase is to arrive at causes and this means a more precise definition and a description of the problem. However, as a complete definition of the case is not always possible and final, the assessment needs to be reviewed from time to time.

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The role of the worker is essentially that of a knowledgeable person. The worker in a helping role applies his or her knowledge of situations and understanding of human behaviour. Thus we see that the case worker assesses or diagnoses the client's problematic situation. Perlman has described three types of diagnosis which are carried on in social case work process. Then there are numerous following steps which are taken while diagnosing a problem. After all, the ultimate objective of the worker is to reduce the client's distress and decrease the malfunctioning in the client's situation or to put it positively as Hollis says it is to enhance the client's comfort, satisfaction and self-realization. Here we must look at client motivation and client strengths and at how the situation can be modified or changed.

Intervention or treatment is the next step and it's based on the study and diagnosis which indicates whether the problem is the result of personal or environmental factors and whether the remedy lies in the form of material or psychological assistance. Termination as used in social work means the ending of a process that began when the agency agreed to enter into the intervention process. The processes of study, assessment and intervention do not continue forever. The worker and the client together understand and plan out termination.

This unit aims at analysing the various phase of social case work process and explains the roles of various tools and techniques to be employed while dealing with the client.

3.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the different phases of social case work
- Enumerate the intake and psycho-social study in social case work
- Analyse the tools and techniques in social case work process
- Understand the nature and scope of diagnosis in social case work
- Enumerate intervention or treatment in social case work process
- Explain the categories and methods of intervention
- Analyse the role of termination planning in social case work process

3.2 PHASES OF SOCIAL CASE WORK PROCESS: AN OVERVIEW

There are three phases of social case work process: Intake and psycho-social study, social diagnosis treatment and termination. Intake is an administrative procedure and not a process of social case work to take in the person with problem, for example, admit him or enrol him as a client of the agency. After this phase, the case worker is able to assess the needs and problems of applicant person and how and where his needs can be best met.

3.2.1 Tools and Techniques in Social Case Work Process

Social Case Work Process

In the beginning phase, the following tools and techniques are taken into account and employed. These are:

1. Interview
2. Objective observation
3. Examination of records and documents
4. Collection of information for collateral and family sources
5. Special examination of test

Interviews with the client and those significantly involved in the situation can motivate, teach, secure information and help the client to bring out things, which are troubling him/her. It is also one of the best ways of observing a person's behaviour. Records and documents also have a special place. Collateral contacts are also helpful as these are contacts other than the client or his or her immediate family, for example, schools, hospitals, employers and relatives.

3.2.2 Assessment

Assessment is the understanding of the psychosocial problem brought to the worker by the client. Assessment means to 'know through' or recognizing or understanding thoroughly; it attempts to answer the question 'what is the matter'. As Hamilton says, 'it is a realistic, thoughtful, frank and "scientific" attempt to understand the client's present need. Assessment begins with a further elaboration of the problem by the client giving the worker a better perspective and understanding of the problem.

As the case progresses and more information are added, the initial impressions are established, changed or even rejected. There is a circular quality about assessment. It never stops during the casework process. As Skidmore and Thackeray say that it is fluid and dynamic as it is ever changing, beginning at study and continuing to termination. Drawing of tentative inferences begins with the first interview and observation continues throughout the case. All skills rest in knowing what to look for, what to disregard and how to review the findings in the light of the present data. As one moves along with the client to explore, the meaning of the facts becomes clearer. When one asks relevant questions, helps the client to bring out the necessary data, whether he/she is telling about his/her current situation, his/her life experience, or his/her purposes in using the agency, whether he/she arranges with us for a home or collateral visit or for an interview between the worker and another member of the family, one comes to an understanding of the problem and the person who has the problem.

(a) Tasks of the Worker

One of the tasks of the worker in this phase is to arrive at causes and this means a more precise definition and a description of the problem. For example, when the client tells the worker that he is not able to get along well with his wife, we note this

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as an instance of ‘marital discord’ which needs to be further defined and described. However, as a complete definition of the case is not always possible and final, the assessment needs to be reviewed from time to time. Another task of the worker is to establish causal relationships. Use of causal knowledge focuses on answering the question: Why did a given state of affairs come about? Thus, a caseworker might use such knowledge to understand how and why a particular individual developed as he or she did. For example, the boy runs away from school and does not return home because he is jealous of his younger sibling, or the child’s aggressive behaviour was because of his early rejection by his mother. Here we are looking at the interplay between the client and other people and the interactions within them in order to understand how change in one part may affect another part. In other words we are looking at the causes of a specific situation. We do not seek to know the past because we feel that the past is structured in the present. Failures in adaptation in the past are usually carried over and maybe seen in the client’s functioning in the present situation even in the interview itself. The worker is constantly making a review of the strengths and limitations of the client and assessing how the client is coping with the situation. Assessment therefore refers to the analysis of strengths, capacities, limitations, motivation and opportunities of the client. Eventually the net result of assessment guides the worker in planning out the intervention.

b. Role of the Worker

The role of the worker is essentially that of a knowledgeable person. The worker in a helping role applies his or her knowledge of situations and understanding of human behaviour. A thorough knowledge of Freud’s personality theory may be essential. The functioning of the many aspects of the interacting forces such as id, ego and superego, including how the individual’s defences operate is considered of primary importance in assessing the client’s capacity to deal with the problem and the extent to which he/she is contributing to his/her own problem. Any field of knowledge that focuses on understanding human behaviour, whether in terms of personality or society becomes essential. This is the reason why we study the subjects in our courses — dynamics of human behaviour and individual and society. We also need to understand the nature and dynamics of role expectations as they influence the individual’s shaping of his/her own behaviour; his/her expectations of how others will act; his/her interpretations of their actions and consequently his/her response to their actions and their response to his/her.

An assessment does not result in categorization of individuals or in labelling of problems. It further facilitates the worker to use psychosocial classifications, say, for example, according to socio-economic class for which the classification is arrived at by the doctor or breakdowns or inadequacies in social functioning. This may be classified into, for instance, parent-child adjustment problem or learning problem. Classifications may be kept flexible keeping in view the dynamic and changing life situation. A mutual agreement is maintained between the worker and the client. Goals are set according to the client’s needs and the availability of services.

3.2.3 Social Diagnosis

Social Case Work Process

On the basis of the study of the problem in its past, present and future setting and the client's positive and negative reactions and interactions, the internal pressure and environmental factors, the case worker assesses or diagnoses the client's problematic situation. Diagnosis is an explanation formulated in the light of known fact.

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(a) Content of the social diagnosis

The content of the case work diagnosis falls into the triangular pattern. It consists of the following. These are:

1. The nature of the problem brought and the goals set by the client, in their relationship to;
2. The nature of the person who bears the problem (his social and psychological situation and functioning) and who seek (or needs) help with his problem, in relation to;
3. The nature and purpose of the agency and the kind of help it can offer and/or make available

(b) Types of diagnosis

Perlman has described three types of diagnosis which are carried on in social case work process. These are:

- i. **Dynamic Diagnosis:** It gives an understanding of the problem of the client and forces currently operating within the client, within social environment and between him/his environment. It is a cross sectional view of the forces currently operating in the client's problem. The dynamic diagnosis seeks to establish what the trouble is; what role psychological, biological, social and environmental factors are playing in the causation of the problems; what effect it has on the individual's well-being; what solution is sought and what means exist within the client's situation and the organised services and resources by which the problem may be affected. In dynamic diagnosis, there is no attempt to dig the life history of the problem, rather reasons for the problem are traced in the current situation.
- ii. **Clinical diagnosis:** Under clinical diagnosis, the case worker attempts to classify the client by the nature of his problem. He identifies certain forms and qualities of client's personality maladaptation and mal functioning in his behaviour.
- iii. **Etiological diagnosis:** Etiological diagnosis is concerned with the explanation of the beginning of the life history of problems of the client, basically that problem that lies in the client's personality make up or functioning. The history of his development or a problem encountering may provide the case worker with an understanding of what his clients suffers from and what the extent of his coping ability is likely to be.

NOTES**(c) Steps in diagnosis**

The following steps are taken while diagnosing a problem:

- The worker begins with focusing on problematic behaviours. He investigates both functional and dysfunctional behaviours in his social milieu. He clarifies various complaints and problems in terms of excesses and deficits. He evaluates the client's personal strengths and his surrounding environment.
- He targets the specified behaviour and break down complex behaviour into their component parts.
- Baseline data are collected to specify those events that appear to be currently controlling the problematic behaviours.
- An analysis and interpretation is done from collected information and objectives for intervention established.
- Selecting priorities for intervention is the final step of the diagnosis.

3.2.4 Intervention (Treatment)

The word “intervene” as given in Webster’s Dictionary includes “to come in or between by way of modification” and “to come between in action”. Intervention knowledge would include that knowledge which helps caseworkers bring about change in those situations with which they are concerned. This knowledge focuses on the questions: What can be done to modify this situation, and will it be effective? Intervention begins with the set of goals as decided together by the client and the worker. Goals, as mentioned earlier are determined by the client’s needs and the availability of external resources if the services within the agency are not available. The ultimate objective of the worker is to reduce the client’s distress and decrease the malfunctioning in the client’s situation or to put it positively as Hollis says it is to enhance the client’s comfort, satisfaction and self-realization. Here we must look at client motivation and client strengths and at how the situation can be modified or changed. According to Skidmore and Thackeray, intervention is guided by a set of principles which are as follows:

- 1) The client’s right to decide his or her own course of action. Worker considers the limits of the client’s capacity to make sound choices. This is encouraged and respected by the worker, knowing that one’s small achievement can be a stepping-stone for further development.
- 2) Acceptance of the client’s capacity to change and that he/she can and will utilize his /her resources to improve.
- 3) Social work relates to strengths rather than sickness or disorder. Limitations are handled and recognized realistically.
- 4) Knowledge about the client’s family and the various situations related to it are used responsibly for the welfare of the family. The worker shares this information appropriately with the knowledge and consent of the client.

- 5) Worker is responsible not only to the client but to him or herself, the agency, the community and the profession.

Social Case Work Process

Intervention or treatment is the next step and it's based on the study and diagnosis which indicates whether the problem is the result of personal or environmental factors and whether the remedy lies in the form of material or psychological assistance. The course of action undertaken by case worker after studying and understanding the problem has been described as treatment.

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3.2.5 The Objectives of Social Case Work Treatment

These are as follows:

- To prevent social breakdown
- To conserve clients strength
- To restore social functioning
- To provide happy experiences to the client
- To create opportunities for growth and development
- To compensate psychological damage
- To increase capacity for self-direction
- To increase his social contribution.

3.2.6 Social Case Work Treatment Process

The process of intervention or treatment begins with initial contact with the client. The process of treatment passes through many phases. These are:

- (1) Initial phase
- (2) Motivation and role induction
- (3) Primary contract
- (4) Diagnosis and assessment
- (5) Establishing treatment goals
- (6) Developing treatment plan
- (7) Preparation for actual treatment
- (8) Treatment in practice
- (9) Monitoring and evaluating the effects of treatment and
- (10) Planning of follow up termination of therapeutic relationship.

3.2.7 Application of Intervention Methods

In order to achieve the targeted goals set by the worker, conventionally the following methods of social intervention have been mentioned

- (1) Direct Method
- (2) Environment Modification
- (3) Administration of Practical Service

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Direct method of intervention is used to promote specific behaviour on the part of the client. According to Perlman, it is a systematic intervention through which client can work over his problems and possible solutions. Here, the case worker applies his influence directly on the client. The techniques of direct intervention used where the client's needs direction because of his/her ignorance, anxiety and weakness of his/her strength.

By direct methods of intervention is meant a series of interviews carried out with a purpose of helping the client make constructive decisions, maintain an emotional balance and reinforce attitudes favourable to growth and change. They are called direct as they involve face-to-face interaction. These include counselling, supportive techniques like acceptance, assurance, and facilitation of expression of feelings, accrediting and building of self-confidence, and being with the client.

3.2.8 Supportive Counselling Techniques

These are inclusive of the supportive techniques as in the beginning phase of the client worker communication. The use of supportive techniques is necessary for a professional relationship. However, as Grace Mathew says they need to be considered as two sets of techniques as supportive techniques and not always followed by counselling techniques even though counselling techniques are always preceded by one or more supportive techniques. Counselling is intended to help a person in a rational way to sort out the issues in his/her situation, to clarify his/her problems and conflicts, to discuss the various options and help make choices.

Counselling is direct intervention towards the solution of a problem in which a person find that he cannot solve the problem himself, therefore seeks the help if a skilled person whose knowledge, experience and expertise could be used to solve the problem. It is a psychological technique in which information and clarification are used for making the client aware of the problem.

- a. **Psychological support:** This is useful in decreasing tension and guilt, increasing self-confidence, encouraging healthy functioning that maintains the clients equilibrium and in helping him to build up compensatory strength and satisfaction. The case worker accepts him and his feeling and shows keep interest in him. He clarifies the problem and encourages him to take his own decision- The social case worker helps him to strengthen clients' ego through the techniques of guidance, reassurance, persuasion and psychological support.
- b. **Supportive techniques:** Acceptance, which is a basic technique of helping, is conveyed through words and the overall behaviour is visible to the client. Further, it is characterized by the way the worker demonstrates warmth

and genuineness to the client. The way the client is received and listened to, is important in creating a feeling of being accepted. One way to accept the client is to empathize rather than sympathize. Sympathy is the feeling of concern, compassion or sorrow, while empathy refers to the ability of entering into another person's 'shoes' or mental state and to feel the latter's feelings. Worker has to guard himself or herself from sympathizing with a client.

- c. Assurance is a technique used by the worker to help the client understand that his/her feelings are not judged and that the worker is not shocked at hearing the client expresses feelings of hatred, jealousy, resentment and anger. The worker can make statements that are assuring like "I can understand how you feel" or "it is natural to have such feelings in such circumstances". Facilitation of expression of feelings is a technique of helping the client to vent his/her feelings. Strong feelings that are bottled up can create blocks in thinking. In such cases, it is essential for the worker to help the client to express and the worker acts as a prodder and prompter. Accrediting and building of self-confidence refers to the worker pointing out to the client his/her strengths and giving him/her due credit for the tasks performed. This helps the client build up his/her confidence. Being with the client is a technique that is essential when the client loses confidence or is weighed down with anxiety and is unable to make decision or carry out his/her tasks. In such instances the presence of the worker will serve as a support.

3.2.9 Therapeutic Interview

Therapeutic interview is used where intra-psychic conflict is present in the environment. The purpose of such interview is that of psychotherapy which aims at personality, competence and self-actualizations. For the analysis of the unconscious, social case worker applies the techniques of free association, dream interpretation, analysis of resistance and transference. For behaviour modification, social case worker makes use of the techniques of positive reinforcement, negative reinforcement, positive punishment, negative punishment, systematic desensitization and covert desensitization. It is the process through which clarification about the client himself, his environment and the public with whom he is associated is made. Clarification may consist of information given to the client so that he becomes capable of understanding himself, his environment and his social network, which he does not possess and without which he cannot see clearly what step he ought to take.

Termination

Termination as used in social work means the ending of a process that began when the agency agreed to enter into the interventive process. The processes of study, assessment and intervention do not continue forever. The worker and the client together understand and plan out termination. The termination process is decided

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mutually by client and worker. Termination is the stage when the worker has the confidence in the client ability to cope with the present and future situation.

Termination is also the stage when the client can lookback with satisfaction on what has been accomplished. Worker takes the initiative, outlines realistic goals, confirms the importance of what the client can do and is expected to do in resolving the problem. Termination in other words is the signal that the worker uses to confirm that the worker has confidence in the client's ability to learn to cope with situations and to grow. The role of the worker is of an enabler and also as a resource for the client in the present situation.

Termination planning removes certain wrong notions that arise in the client about shifting the responsibility to the agency or to the worker, thus avoiding the feeling of dependency and false hope by some clients. As the relationship gradually comes to a close, the worker reviews the total number of gains made in the intervening process. This review, based on worker's observations and client's contributions will also include a self-assessment by the client. This phase is basically highlighted by the reassurance of the client in his /her readiness and willingness to function more effectively.

3.2.10 Evaluation

In social case work, evaluation is the process in which worker tries to find out the effectiveness and success of the process. It is an activity which shows whether the social case work process has active the desired goals or not. Social case worker evaluates the concept of the program, its effectiveness and inner strength gained by the client and the success of himself in helping the client.

Check Your Progress

1. List the various tools and techniques in the social case work process.
2. How does interview help the client?
3. What role does assessment play in social case work process?
4. What is the role of social worker?
5. List the contents of case work diagnosis.
6. What are three types of diagnosis which are carried on in social case work process?
7. List some of principles that guide intervention.
8. What are the main objectives of case work treatment process?
9. What is the use of supportive techniques in social case work process?
10. What role does counselling play?
11. What is the role of termination planning in social case work progress?

3.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

Social Case Work Process

1. The following tools and techniques are taken into account and employed. These are:
 - Interview
 - Objective observation
 - Examination of records and documents
 - Collection of information for collateral and family sources
 - Special examination of test
2. Interviews with the client and those significantly involved in the situation can motivate, teach, secure information and help the client to bring out things, which are troubling him/her. It is also one of the best ways of observing a person's behaviour.
3. Assessment is the understanding of the psychosocial problem brought to the worker by the client. Assessment means to 'know through' or recognizing or understanding thoroughly; it attempts to answer the question 'what is the matter'. Assessment begins with a further elaboration of the problem by the client giving the worker a better perspective and understanding of the problem.
4. The role of the worker is essentially that of a knowledgeable person. The worker in a helping role applies his or her knowledge of situations and understanding of human behaviour. The functioning of the many aspects of the interacting forces including how the individual's defences operate is considered of primary importance in assessing the client's capacity to deal with the problem. Any field of knowledge that focuses on understanding human behaviour, whether in terms of personality or society becomes essential.
5. The content of the case work diagnosis falls into the triangular pattern. It consist of the following. These are:
 - The nature of the problem brought and the goals set by the client, in their relationship to;
 - The nature of the person who bears the problem (his social and psychological situation and functioning) and who seek (or needs) help with his problem, in relation to;
 - The nature and purpose of the agency and the kind of help it can offer and/or make available.
6. Three types of diagnosis which are carried on in social case work process are:

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- i. Dynamic Diagnostic
- ii. Clinical diagnosis
- iii. Etiological diagnosis

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7. Some of principles which guide intervention are:
 - The client's right to decide his or her own course of action. Worker considers the limits of the client's capacity to make sound choices.
 - Acceptance of the client's capacity to change and that he/she can and will utilize his/her resources to improve.
 - Social work relates to strengths rather than sickness or disorder.
 - Knowledge about the client's family and the various situations related to it are used responsibly for the welfare of the family. The worker shares this information appropriately with the knowledge and consent of the client.
 - Worker is responsible not only to the client but to him or herself, the agency, the community and the profession.
8. The main objectives of case work treatment are as follows:
 - To prevent social breakdown
 - To conserve clients strength
 - To restore social functioning
 - To provide happy experiences to the client
 - To create opportunities for growth and development
 - To compensate psychological damage
9. The use of supportive techniques is necessary for a professional relationship. However, as Grace Mathew says they need to be considered as two sets of techniques as supportive techniques and not always followed by counselling techniques even though counselling techniques are always preceded by one or more supportive techniques.
10. Counselling is direct intervention towards the solution of a problem in which a person find that he cannot solve the problem himself, therefore seeks the help if a skilled person whose knowledge, experience and expertise could be used to solve the problem.
11. Termination planning removes certain wrong notions that arise in the client about shifting the responsibility to the agency or to the worker, thus avoiding the feeling of dependency and false hope by some clients. As the relationship gradually comes to a close, the worker reviews the total number of gains made in the intervening process. This review, based on worker's observations and client's contributions will also include a self-assessment by the client.

3.4 SUMMARY

Social Case Work Process

- There are three phases of social case work process: Intake and psychosocial study, social diagnosis treatment and termination. Intake is an administrative procedure and not a process of social case work to take in the person with problem
- Interviews with the client and those significantly involved in the situation can motivate, teach, secure information and help the client to bring out things, which are troubling him/her. It is also one of the best ways of observing a person's behaviour.
- As the case progresses and more information are added, the initial impressions are established, changed or even rejected. There is a circular quality about assessment. It never stops during the casework process.
- One of the tasks of the worker in this phase is to arrive at causes and this means a more precise definition and a description of the problem. For example, when the client tells the worker that he is not able to get along well with his wife, we note this as an instance of 'marital discord' which needs to be further defined and described.
- An assessment does not result in categorization of individuals or in labelling of problems. It further facilitates the worker to use psychosocial classifications, say, for example, according to socio-economic class for which the classification is arrived at by the doctor or breakdowns or inadequacies in social functioning. This may be classified into, for instance, parent-child adjustment problem or learning problem
- Dynamic Diagnosis gives an understanding of the problem of the client and forces currently operating within the client, within social environment and between him/his environment. It is a cross sectional view of the forces currently operating in the client's problem.
- The ultimate objective of the worker is to reduce the client's distress and decrease the malfunctioning in the client's situation or to put it positively as Hollis says it is to enhance the client's comfort, satisfaction and self-realization.
- Intervention or treatment is the next step and it's based on the study and diagnosis which indicates whether the problem is the result of personal or environmental factors and whether the remedy lies in the form of material or psychological assistance.
- Direct method of intervention is used to promote specific behaviour on the part of the client. According to Perlman, it is a systematic intervention through which client can work over his problems and possible solutions. Here, the case worker applies his influence directly on the client.

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*Self-Instructional
Material*

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- The use of supportive techniques is necessary for a professional relationship. However, as Grace Mathew says they need to be considered as two sets of techniques as supportive techniques and not always followed by counselling techniques even though counselling techniques are always preceded by one or more supportive techniques.
- Therapeutic interview is used where intra-psychic conflict is present in the environment. The purpose of such interview is that of psychotherapy which aims at personality, competence and self-actualizations.
- Termination as used in social work means the ending of a process that began when the agency agreed to enter into the intervening process. The processes of study, assessment and intervention do not continue forever.
- Termination planning removes certain wrong notions that arise in the client about shifting the responsibility to the agency or to the worker, thus avoiding the feeling of dependency and false hope by some clients. As the relationship gradually comes to a close, the worker reviews the total number of gains made in the intervening process.
- In social case work, evaluation is the process in which worker tries to find out the effectiveness and success of the process. It is an activity which shows whether the social case work process has achieved the desired goals or not.

3.5 KEY WORDS

- **A Collateral Contact:** This is a source of information that is knowledgeable about the client's situation and serves to support or corroborate information provided by a client.
- **Therapeutic Interview:** This is the first introductory counselling text to focus both on the micro-skills of therapy so important for beginning counsellors, and on the unique challenges a counsellor faces based on the context of setting and client.

3.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the various phases of social case work process.
2. Write a brief about role of objective observation in social case work process.
3. Write in short about etiological diagnosis in social case work process.
4. Write in brief about methods of social intervention.

5. Write a brief note on psychological support in social case work process.
6. Write in short about the process of termination.

Social Case Work Process

Long Answer Questions

1. Analyse the role of various tools and techniques in social case work process.
2. Discuss the main tasks of the worker in the phase of assessment in social case work.
3. Analyse the various phases through which process of treatment passes in social case work process.
4. Discuss the significance of direct method of intervention in social case work progress.

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3.7 FURTHER READINGS

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UNIT 4 EVALUATION

NOTES

Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 Evaluation: Meaning, Purpose and Objectives
 - 4.2.1 Program Evaluation
 - 4.2.2 A Framework For Program Evaluation
 - 4.2.3 Appraisal, Monitoring and Evaluation
 - 4.2.4 The Relationship Between Appraisal, Monitoring And Evaluation
 - 4.2.5 Appraisal, Monitoring and Evaluation in the Project Cycle
 - 4.2.6 Termination
 - 4.2.7 Follow-up
 - 4.2.8 Follow-up Steps and Services
- 4.3 Answers to Check Your Progress Questions
- 4.4 Summary
- 4.5 Key Words
- 4.6 Self Assessment Questions and Exercises
- 4.7 Further Readings

4.0 INTRODUCTION

Like other fields of knowledge and activity, evaluation plays a key role in social work practices. Simply speaking, evaluation is the process that enables us to know the outcomes of our efforts. In recent years evaluation has assumed a significant place in service programmes. It has been realised that no service or project can be effective unless we continuously and intermittently evaluate the outcomes of programmes and effectiveness of the methods used to deliver services. A lot of literature has, in the last decade, emerged on evaluation of welfare services. In social casework practice too, we need to evaluate, at least empirically, the outcome of our efforts. The purpose of evaluation, as a process of casework, is to see if our efforts are yielding any result or not. Program evaluation offers a way to understand and improve community health and development practice using methods that are useful, feasible, proper, and accurate.

In social work practices, evaluation complements program management in various ways. Time to time, case work practices need to be evaluated. Validation of service provided to the client is of paramount importance. Proper valuation offers satisfaction to the public and clients that they are effective and beneficial to them. Those involved in social work need to be held accountable for what they do and for their competence.

Appraisal, monitoring and evaluation have their own way in the organization as these are based on continuous process. Appraisal is the critical examination of a proposal, on the basis of agreed selection criteria, before implementation or

approval for funding. Monitoring is a methodical process of data collection and information-gathering throughout the life of a project. Measuring, analysing and interpreting change helps people to determine how far objectives have been achieved.

This unit aims at analysing the purpose and objective of evaluation and also discusses the significance of termination and follow-up process.

Evaluation

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4.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the meaning of evaluation
- Enumerate the purpose and objective of evaluation
- Analyse the purpose and importance of social case work
- Assess the quality of evaluation
- Enumerate the type of evaluation
- Explain the distinction between appraisal, monitoring and evaluation
- Analyse the principle of termination in social work
- Explain the follow-up and its various steps

4.2 EVALUATION: MEANING, PURPOSE AND OBJECTIVES

Evaluation is the process of attaching a value to the social work practice. It is a method of knowing what the outcomes are. Evaluation is done for three important purposes, which are:

- 1) To let the agency and the worker know if their efforts have brought fruitful results in the service provided.
- 2) For public relations.
- 3) To build a case for promoting funds. Casework practices need to be evaluated from time to time. This subject needs to be tested and researched and most importantly needs ongoing validation. They need to be proved to the public that they are effective and beneficial to the clients. Casework practice should be subjected to critical review. Workers need to be held accountable for what they do and for their social work competence. Workers need to win approval from the public for their programmes. They may sometimes have to be told that their services are overlapping and ineffective. Workers have to enhance their own image and also of the agency to develop public relations. The clients need to give a feedback on the effectiveness of the services.

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In recent years, evaluation has assumed a significant place in our service programmes. It has been realised that no service or project can be effective unless we continuously and intermittently evaluate the outcomes of programmes and effectiveness of the methods used to deliver services. A lot of literature has, in the last decade, emerged on evaluation of welfare services.

In social casework practice too, we need to evaluate, at least empirically, the outcome of our efforts. The purpose of evaluation, as a process of casework, is to see if our efforts are yielding any result or not; if the techniques used are serving the purpose, and if the goals are being achieved.

This is not done from research point of view, because of which we do not use any rating scale etc. Like assessment (diagnosis), this too is a continuous process. Intermittently, evaluation of the approach and result should be taken up with the client so that the efforts are meaningfully utilised.

These evaluations may tell if the problem needs redefinition. If the objectives are to be reassessed and re-determined, and if the intervention approach and techniques need any change. This will further strengthen the relationship between the helper and helpees and motivate the client to work towards his goal.

4.2.1 Program Evaluation

This is the type of evaluation being discussed in this section. It is an essential organizational practice for all types of community health and development work. It is a way to evaluate the specific projects and activities community groups may take part in, rather than to evaluate an entire organization or comprehensive community initiative. The type of evaluation can be closely tied to everyday program operations. The emphasis is on practical, ongoing evaluation that involves program staff, community members, and other stakeholders, not just evaluation experts.

This type of evaluation offers many advantages for community health and development professionals. For example, it complements program management by:

- Helping to clarify program plans
- Improving communication among partners
- Gathering the feedback needed to improve and be accountable for program effectiveness

It's important to remember, too, that evaluation is not a new activity for those of us working to improve our communities. In fact, we assess the merit of our work all the time when we ask questions, consult partners, make assessments based on feedback, and then use those judgments to improve our work. When the stakes are low, this type of informal evaluation might be enough. However, when the stakes are raised - when a good deal of time or money is involved, or when many people may be affected - then it may make sense for your organization to use evaluation procedures that are more formal, visible, and justifiable.

4.2.2 A Framework For Program Evaluation

Program evaluation offers a way to understand and improve community health and development practice using methods that are useful, feasible, proper, and accurate. The framework described below is a practical non-prescriptive tool that summarizes in a logical order the important elements of program evaluation.

The framework contains two related dimensions:

- Steps in evaluation practice, and
- Standards for “good” evaluation.



The six connected steps of the framework are actions that should be a part of any evaluation. Although in practice, the steps may be encountered out of order, it will usually make sense to follow them in the recommended sequence. That's because earlier steps provide the foundation for subsequent progress. Thus, decisions about how to carry out a given step should not be finalized until prior steps have been thoroughly addressed.

However, these steps are meant to be adaptable, not rigid. Sensitivity to each program's unique context (for example, the program's history and organizational climate) is essential for sound evaluation. They are intended to serve as starting points around which community organizations can tailor an evaluation to best meet their needs. The main purposes of the framework are to:

- Engage stakeholders
- Describe the program
- Focus the evaluation design
- Gather credible evidence
- Justify conclusions
- Ensure use and share lessons learned

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Understanding and adhering to these basic steps will improve most evaluation efforts.

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The second part of the framework is a basic set of standards to assess the quality of evaluation activities. There are 30 specific standards, organized into the following four groups:

- Utility
- Feasibility
- Propriety
- Accuracy

These standards help answer the question, “Will this evaluation be a ‘good’ evaluation?” They are recommended as the initial criteria by which to judge the quality of the program evaluation efforts.

4.2.3 Appraisal, Monitoring and Evaluation

A distinction is usually made between appraisal, monitoring and evaluation. Appraisal is the critical examination of a proposal, on the basis of agreed selection criteria, before implementation or approval for funding. The appraisal phase will involve asking questions such as:

- How has the problem to be addressed been identified?
- Does the proposed action address the problem?
- Do the people proposing to carry out the work have the capacity to do it?
- Which different interest groups have been involved in defining the problem and choosing the course of action?
- How are different groups of men and women likely to be incorporated or affected by the project (young/old, landed/ landless, single-headed households)?

Monitoring is a continuous, methodical process of data collection and information-gathering throughout the life of a project. The information collected can be used for regular evaluation of progress, so that adjustments can be made while the work is going on. Monitoring is also used to mean the systematic ‘tracking’ of a particular condition, or set of conditions (for example political events, environmental change, the situation of women), to identify trends.

Evaluation is a learning and management tool; an assessment of what has taken place in order to improve future work. Measuring, analysing and interpreting change helps people to determine how far objectives have been achieved and whether the initial assumptions about what would happen were right; and to make judgements about the effectiveness, efficiency, impact and sustainability of the work.

4.2.4 The Relationship Between Appraisal, Monitoring And Evaluation

Evaluation

Let us now discuss the relationship between appraisal, monitoring and evolution.

a. Appraisal

A proposal for a new project should state clearly the objectives and activities, and the resources required. The assumptions on which the project is based should also be explained, and there should be some indication of how progress will be measured. Time and thought given, at the initial planning stage, to the way in which monitoring and evaluation will be built into the work, will create the conditions for the success of the project, and make it more 'evaluable'. Projects should start on a sound basis of information, especially a knowledge of the roles, responsibilities and requirements of women and men in a community, and within the project.

Everyone who has an interest in a particular project, the 'stakeholders' (funder, local NGO, and the women and men involved directly in the work), should identify and agree on the criteria for assessing the progress of the project. They should jointly select the indicators which will show that change has taken place. During the life of a project, it is quite possible, and may even be desirable, that criteria and indicators should evolve in response to experience gained and changing objectives. Indicators should provide relevant information, of value to those who will use the findings, and there should be a balance between quantitative and qualitative indicators. It is a poor use of resources to collect too much data, of poor quality or little relevance, and generally frustrating for those involved in collecting it.

The appraisal stage of a project should also involve the consideration of different options for addressing the problem. This is the point at which monitoring and evaluation expectations of the different parties involved will be negotiated.

b. Monitoring

In monitoring, information for 'tracking' progress against previously agreed plans and 'milestones' is routinely gathered. The changes that are resulting from project activities can be identified: both the effects and the impact. If there are discrepancies between actual and planned progress, corrective action can be taken. This can include changing the overall purpose and plan of the activity. Monitoring can also mean keeping a check on the use of resources. Questions for later evaluation can be identified during monitoring.

c. Evaluation

Evaluation uses information gathered during regular monitoring, but may need other information as well. It often uses 'baseline information': information collected at the very beginning of a project, against which progress can be measured. Evaluation happens at set times in the life of a project. Evaluation looks at the relevance, effectiveness and impact of a project, with the aim of improving an existing project or influencing future policies, programmes and projects.

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4.2.5 Appraisal, Monitoring and Evaluation in the Project Cycle

In terms of timing within the project cycle, and basic purpose, monitoring and evaluation are distinct from appraisal, but all three can use similar approaches and methods for gathering and analysing information. Although monitoring and evaluation are different processes, there are times when they merge. If monitoring systems work well, evaluation is necessary less often, and when it is necessary, it is easier to carry out.

Monitoring and evaluation are only tools to help in development. If it looks that plans need to be modified, do not wait for the end of a project or for a planned evaluation. The success of a project may depend on its ability to change dynamically when necessary.

4.2.6 Termination

At the end, i.e., termination, the worker should discuss the original as well as revised goals and objectives, achievements during the helping period, factors helpful or obstructive in achieving the objectives, and the efforts needed to maintain the level of achievement and the feelings aroused by disengagement.

Social workers should assess a client's ongoing treatment and needs prior to initiating termination. The NASW *Social Work Dictionary* defines termination as: "The conclusion of the social worker–client intervention process; a systematic procedure for disengaging the working relationship. It occurs when goals are reached, when the specified time for working has ended, or when the client is no longer interested in continuing. Termination often includes evaluating the progress toward goal achievement, working through resistance, denial, and flight into illness. The termination phase also includes discussions about how to anticipate and resolve future problems and how to find additional resources to call on as future needs indicate.¹²"

There are many reasons why therapy ends. A client may terminate at any time for any reason. Ideally, termination occurs once the client and therapist agree that the treatment goals have been met or sufficient progress has been made and/or the client improves and no longer needs clinical services. However, there are many valid reasons that are discussed below as to why the therapist-client relationship may end the treatment before it is completed.

Some of those reasons include:

- Client has mental health needs that are beyond the social worker's area of expertise. For example, the client requires a different level of treatment (e.g., inpatient or crisis intervention) or more specialized treatment (e.g., trauma or substance abuse) than the social worker provides in the practice setting
- Therapist is unable or unwilling, for appropriate reasons, to continue to provide care (e.g., therapist is retiring/closing practice or client threatened therapist with violence)

- Conflict of interest is identified after treatment begins
- Client fails to make adequate progress toward treatment goals or fails to comply with treatment recommendations
- Client fails to participate in therapy (e.g., non-compliance, no shows, or cancellations)
- Lack of communication/contact from the client

It is recommended that therapists have a final session with their clients to review the overall progress before ending therapy, but sometimes this cannot happen, e.g., when the client stops communicating with the therapist. It is suggested that therapists create a policy for their practice so that cases are routinely closed after a certain amount of time without any contact from a client, for example: “If I do not have contact or communication from you for a period of _____ days, I will assume that you no longer intend to remain active in this therapeutic relationship and your case will be closed. You can return to therapy in the future if you decide to continue treatment.” One way to establish that timeframe is to think about how long you want to be the therapist of record without seeing a client.

- Non-payment of agreed upon fees:

Before a social worker terminates for non-payment, the following criteria should be met:

1. The financial contractual arrangements have been made clear to the client, preferably in writing.
2. The client does not pose an imminent danger to self or others.
3. The clinical and other consequences of the non-payment (i.e., disruption of treatment/interruption of services) have been discussed with the client. *NASW Code of Ethics*, 1.16c

Certain circumstances may support a delay of the termination. For instance, it is not recommended that a therapist end treatment with a client who is in crisis at the time termination is being considered. A social worker has a responsibility to see that clinical services are made available when a client is in crisis. Postponing termination is preferred, if possible, until steps are in place to handle the crisis.

4.2.7 Follow-up

Follow-up is done to help the client maintain the improvement. During follow-up, the client is helped to discuss the problems he faces in maintaining the improvement. Work is done with the people for his improved social functioning. If required, he is referred to the proper source for needed services and help.

An eclectic approach or choosing the most suitable approach according to the nature of the problem is necessary to achieve the desired result. Though literature available on choice of approach in various types of problems is plenty, experience is the only key to choose the right approach in each case.

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NOTES**4.2.8 Follow-up Steps and Services**

- Review clinical progress and discuss with client
- Assess any potential reason for termination and possible client response
- Identify any compelling legal or ethical obligations
- Evaluate level of risk exposure, risk management, and need for consultation
- Discuss termination with client (stay calm and professional), provide notification, and pre-termination counselling
- Establish the disposition and note in the client's record
- Together with the customer and their network, a social worker will compile a follow-up care plan, where the services and support the customer requires during the follow-up care are written down. The follow-up care plan takes into account all the different sectors of life: housing, livelihood, education/work, family network and possible treatment and cooperation partners.

The follow-up care plan with concrete objectives is already written for everyone during the foster care period. In this plan, the knowledge and skills required at the beginning of independent life are built, and settling down back to home is practised in cooperation with all the parties supporting the young person.

The services are customised to his or her needs. Some of the young people will live in the supported apartments of follow-up care. Together with a social worker the need of social counselling is evaluated. The young person is also met in their natural living environment. The service is being developed together with the young customers.

Follow-up care services include, for example, the following:

- Help for finding one's own resources and planning one's future
- Help in finding an apartment
- Support for beginning and managing school and studies
- Support for finding employment or an apprenticeship
- Support for hobbies
- Opportunity to participate in a peer support group
- Possibilities for holiday and recreation
- Financial support for young person's housing, education and other costs related to becoming independent and guidance for planned use of money.

The services of follow-up care are always built based on the customer's individual needs, systematically and in cooperation with them. A social worker will assess the implementation of and the need for the services and the follow-up care plan itself, together with the customer.

The obligation for organising follow-up care ends when the young person turns 21 years of age. However, a young person who is on their way towards independence will not be left without support even after this; instead, the social worker must guide and, if necessary, steer them towards other municipal public services, support measures and allowance systems.

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Check Your Progress

1. Why is evaluation done?
2. How is evaluation significant in social work practices?
3. What is programme evaluation?
4. List the groups into which specific standards of framework are organized.
5. What do you mean by monitoring?
6. How are monitoring and evaluation distinct from appraisal?
7. What should workers discuss during termination?
8. When can a client terminate?
9. When is the follow-up done?
10. List the services that are include in follow-up care.

4.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. Evaluation is done for three important purposes, which are:
 - To let the agency and the worker know if their efforts have brought fruitful results in the service provided.
 - For public relations.
 - To build a case for promoting funds.
2. In social casework practice, we need to evaluate, at least empirically, the outcome of our efforts. The purpose of evaluation, as a process of casework, is to see if our efforts are yielding any result or not; if the techniques used are serving the purpose, and if the goals are being achieved.
3. Program evaluation offers a way to understand and improve community health and development practice using methods that are useful, feasible, proper, and accurate.
4. There are 30 specific standards, organized into the following four groups:
 - Utility
 - Feasibility

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- Propriety
 - Accuracy
5. Monitoring is a continuous, methodical process of data collection and information-gathering throughout the life of a project. The information collected can be used for regular evaluation of progress, so that adjustments can be made while the work is going on. Monitoring is also used to mean the systematic 'tracking' of a particular condition, or set of conditions (for example political events, environmental change, the situation of women), to identify trends.
 6. In terms of timing within the project cycle, and basic purpose, monitoring and evaluation are distinct from appraisal, but there can use similar approaches and methods for gathering and analysing information. Although monitoring and evaluation are different processes, there are times when they merge.
 7. A worker should discuss the original as well as revised goals and objectives, achievements during the helping period, factors helpful or obstructive in achieving the objectives, and the efforts needed to maintain the level of achievement and the feelings aroused by disengagement.
 8. A client may terminate at any time for any reason. Ideally, termination occurs once the client and therapist agree that the treatment goals have been met or sufficient progress has been made and/or the client improves and no longer needs clinical services.
 9. Follow-up is done to help the client maintain the improvement. During follow-up, the client is helped to discuss the problems he faces in maintaining the improvement. Work is done with the people for his improved social functioning. If required, he is referred to the proper source for needed services and help.
 10. Follow-up care services include the following:
 - i. Help for finding one's own resources and planning one's future
 - ii. Help in finding an apartment
 - iii. Support for beginning and managing school and studies
 - iv. Support for finding employment or an apprenticeship
 - v. Support for hobbies
 - vi. Opportunity to participate in a peer support group
 - vii. Possibilities for holiday and recreation
 - viii. Financial support for young person's housing, education and other costs related to becoming independent and guidance for planned use of money.

4.4 SUMMARY

- In recent years, evaluation has assumed a significant place in our service programmes. It has been realised that no service or project can be effective unless we continuously and intermittently evaluate the outcomes of programmes and effectiveness of the methods used to deliver services.
- In social casework practice too, we need to evaluate, at least empirically, the outcome of our efforts. The purpose of evaluation, as a process of casework, is to see if our efforts are yielding any result or not; if the techniques used are serving the purpose, and if the goals are being achieved.
- As the case progresses and more information are added, the initial impressions are established, changed or even rejected. There is a circular quality about assessment. It never stops during the casework process.
- It's important to remember, too, that evaluation is not a new activity for those of us working to improve our communities. In fact, we assess the merit of our work all the time when we ask questions, consult partners, make assessments based on feedback, and then use those judgments to improve our work.
- Program evaluation offers a way to understand and improve community health and development practice using methods that are useful, feasible, proper, and accurate.
- Monitoring is a continuous, methodical process of data collection and information-gathering throughout the life of a project. The information collected can be used for regular evaluation of progress, so that adjustments can be made while the work is going on.
- A proposal for a new project should state clearly the objectives and activities, and the resources required. The assumptions on which the project is based should also be explained, and there should be some indication of how progress will be measured.
- The appraisal stage of a project should also involve the consideration of different options for addressing the problem. This is the point at which monitoring and evaluation expectations of the different parties involved will be negotiated.
- Monitoring and evaluation are only tools to help in development. If it looks that plans need to be modified, do not wait for the end of a project or for a planned evaluation. The success of a project may depend on its ability to change dynamically when necessary.
- A client may terminate at any time for any reason. Ideally, termination occurs once the client and therapist agree that the treatment goals have been met or sufficient progress has been made and/or the client improves and no longer needs clinical services.

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- Certain circumstances may support a delay of the termination. For instance, it is not recommended that a therapist end treatment with a client who is in crisis at the time termination is being considered.
- Follow-up is done to help the client maintain the improvement. During follow-up, the client is helped to discuss the problems he faces in maintaining the improvement. Work is done with the people for his improved social functioning. If required, he is referred to the proper source for needed services and help.
- The follow-up care plan with concrete objectives is already written for everyone during the foster care period. In this plan, the knowledge and skills required at the beginning of independent life are built, and settling down back to home is practised in cooperation with all the parties supporting the young person.
- The services of follow-up care are always built based on the customer's individual needs, systematically and in cooperation with them. A social worker will assess the implementation of and the need for the services and the follow-up care plan itself, together with the customer.

4.5 KEY WORDS

- **Program Evaluation:** This is a systematic method for collecting, analysing, and using information to answer questions about projects, policies and programs, particularly about their effectiveness and efficiency.
 - **NASW Code of Ethics:** This serves various purposes: The Code identifies core values on which social work's mission is based.
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4.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the main objective of evaluation.
2. Write in a brief about the efficacy of the framework of program evaluation.
3. Write in short about the role of appraisal.
4. Write in brief about the therapist-client relationship in social work practices.
5. Write a brief note on follow-up care.

Long Answer Questions

1. 'Evaluation is a learning and management tool.' Justify this statement.
2. Discuss the relationship between appraisal, monitoring and evaluation.

3. Analyse the various reasons for termination.
4. Discuss the various steps of follow-up.

Evaluation

4.7 FURTHER READINGS

- Hollis, Florence. 1964. *Casework: A Psychological Therapy*. New York: Random House.
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UNIT 5 TOOLS AND TECHNIQUES OF SOCIAL CASE WORK

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Structure

- 5.0 Introduction
- 5.1 Objectives
- 5.2 Tools and Techniques of Social Case Work: An Overview
 - 5.2.1 Observation
 - 5.2.2 Home Visits and Collateral Contacts
 - 5.2.3 Social Work Intervention Theories
- 5.3 Answers to Check Your Progress Questions
- 5.4 Summary
- 5.5 Key Words
- 5.6 Self Assessment Questions and Exercises
- 5.7 Further Readings

5.0 INTRODUCTION

Like any other professions, social work has become competitive, demanding and challenging and those who aspire to sustain in this field of knowledge must learn tools and techniques. There are various techniques and tools of social case work. Social workers should never stop learning and becoming more knowledgeable about their profession, their clients, and laws and standards that affect their practice. Many who progress the most in their careers over time do so by being well connected professionally in mutually beneficial ways. Professional development also helps social caseworkers advance their career. Through it, they would continue to learn how to best serve their clients, manage programs, and, maybe someday, run an organization.

As in any other fields, various reports suggest that social workers are also facing challenges that contribute to job stress, including the growing complexity of client problems, unfavorable physical work environments, heavy workloads, and emotionally draining environments. That is why NASW and ASWB's Best Practice Standards in Social Work stresses the need for supervision which is an essential and integral part of the training and continuing education required for the skillful development of professional social workers.

Interview and observation also play as essential tools and techniques for caseworkers in social work profession. They rely on several trusted interviewing techniques to connect with their clients and encourage them to open up. There are the different types of observations which are used in social case work. In participant observation, during the activities of a group an observer himself participate and

note the situation. Home visits, collateral contacts and intervention have their own role to play in the case work process.

This unit aims at analysing various tools and techniques of social case work and explains how these are essentials for a social case worker.

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5.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand tools and techniques of social case work
- Enumerate each and every tools and techniques of social case work
- Analyse the purpose and importance of interview in social case work
- Understand the nature and scope of observation in social case work
- Enumerate home visits and collateral contacts
- Explain social work intervention

5.2 TOOLS AND TECHNIQUES OF SOCIAL CASE WORK: AN OVERVIEW

You have your social work degree(s), and you have a job. What else do you need to sustain a long and healthy career in social work? Here are some of the tools you should have in your “*Professional Social Worker Toolkit*.” The following are the various techniques and tools of social case work:

1. Code of Ethics

This should be a no-brainer. Without this essential tool to guide your practice, you are not a social worker. However, issues are rarely ever black and white. “Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues,” the *NASW Code of Ethics* states. You have studied and learned from this set of values, ethical principles, and ethical standards, and the general public can hold the social work profession accountable for its actions. It is good practice to reflect often on your ethical code, as sometimes social workers forget to do this, to the detriment of their careers.

2. Professionalism

I can’t stress enough the importance of maintaining your professionalism throughout your career. What do people say when you tell them you chose to study social work or that you are a social worker? Sometimes they have no idea what you do, or they make negative assumptions based on what they have heard in the media. A big part of what the National Association of Social Workers (NASW) does is to

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promote and protect the profession of social work, because the general public continues to be ambivalent about us.

Promote your profession by being a consummate expert in your field, and other professions will seek you out. Be a respectful and responsible social worker, so others know you are someone they can rely on. You chose this profession for a reason—make sure you do all you can to elevate it.

3. Professional Network

Don't just count on social workers to be in your professional network. Physicians, nurses, accountants, executive directors, pastors, janitorial staff—everyone is in your professional network, and you never know when they will reach out to you with a job opportunity or provide you with an invaluable resource for your practice. Many who progress the most in their careers over time do so by being well connected professionally in mutually beneficial ways. In other words, they maintain their networks.

4. Continuing Education and Professional Development

Regardless of your licensure status, social workers should never stop learning, growing, and becoming more knowledgeable about their profession, their client populations, and laws and standards that affect their practice. *NASW Code of Ethics, Standard 4, Social Workers' Ethical Responsibilities as Professionals, 4.01(b) Competence*, states:

Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

Yes, professional development is your ethical responsibility, but it will also help you advance your career. Through it, you continue to learn how to best serve your clients, manage programs, and, maybe someday, run an organization.

5. Licensure/Credentials/Certifications

If you plan on being a clinical social worker and work in the mental health arena, becoming licensed in your state is essential. This is a long (and sometimes painful) process, but the end result is that you are deemed proficient by your state to make a difference in the lives of many who need it most. Every state is different and has a different set of licenses and licensure laws that can be hard to navigate. Make sure to decide if pursuing licensure is right for you. If your state licensure board is less than helpful, be sure to contact your NASW Chapter if you are a member, as most chapters answer member questions about licensure.

I consider myself a macro social worker. I am not licensed and probably never will be. However, that does not mean macro social workers cannot take advantage of credentials or certificates. I have a Non-profit Management Certificate from a local university, and it has been an invaluable asset to my career. If you think a certificate will make you a more knowledgeable professional and more marketable during your job search, get it.

6. Malpractice Insurance

Social work licensure exists to protect the public, not to protect you or your practice. So be sure to invest in liability insurance. In recent years, social workers, like other professionals, have increasingly been subject to malpractice lawsuits.

Malpractice claims must be defended, even when they are groundless or fraudulent. The cost of defending yourself can be extremely expensive.

Many organizations have liability insurance and tell their employees they are also covered under the organization's insurance. However, do you think your agency's attorney will be available to you if you are sued by one of your clients? If you and your supervisor have a discrepancy about what happened, do you think the insurance company will defend you or your supervisor? After all, it's your career and your ability to continue practicing professional social work that's on the line. This is a tool that should not be overlooked and will serve you throughout your career.

7. Supervision

"Supervision is an essential and integral part of the training and continuing education required for the skillful development of professional social workers," according to *NASW and ASWB's Best Practice Standards in Social Work Supervision*. Again, I am not just talking to the social workers who are seeking licensure. Regardless of your licensure status or area of practice, seeking and receiving good supervision is an incredibly important tool in your arsenal of resources to enable you to become a competent professional social worker.

Social workers are "faced with increasing challenges that contribute to job stress, including the growing complexity of client problems, unfavorable physical work environments, heavy workloads, and emotionally draining environments such as vicarious trauma. Supportive supervision is underscored by a climate of safety and trust, where supervisees can develop their sense of professional identity," according to *NASW and ASWB's Best Practice Standards in Social Work Supervision*. So find a good supervisor, and work with supervisors throughout your career, not just during your licensure process. Supervision protects clients, supports you, and ensures that professional standards and quality services are delivered by competent social workers. If you don't have it memorized, take a look at *the NASW and ASWB's Best Practice Standards in Social Work*.

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Interview

Caseworkers interview a diverse array of clients, from teenagers coping with substance abuse to single parents struggling to support their families. To connect with their clients and encourage them to open up, they rely on several trusted interviewing techniques. These methods not only help patients articulate their thoughts, they also ensure the information caseworkers receive from clients is meaningful and accurate.

a. Establishing Rapport

With any conversation, it's helpful to start by putting the other person at ease and creating a connection. Taking time to create rapport shows the client the interview is not intended to be a threatening or frightening situation. It also demonstrates the caseworker cares about getting to know the client as a person. When interviewing a child, caseworkers may start by asking her about school, her friends or hobbies. When interviewing adults, they often open by asking the client about his children and family, his job or how he likes to spend his free time. This helps the client focus on things he enjoys, rather than worrying about the interview.

b. Open-Ended Questions

The open-ended question is a mainstay of interviewing, because it requires people to elaborate on their responses. It's important that caseworkers know the reason behind the answer, so they can use this information to evaluate the client's mental and emotional state and develop long-term goals or treatment strategies. For example, if a caseworker asks a teenager if he likes school, he'll probably answer yes or no without explaining why, especially if he has troubles at school and doesn't want to talk about them. On the other hand, if she asks him to describe a typical day at school, he may open up about his academic difficulties or encounters with bullies.

c. Follow-Up

Sometimes, the best way to delve into a client's feelings, fears or motivations is to ask him what he means by his answer. It also ensures the caseworker doesn't misunderstand the client's response. For example, if a young child says he doesn't want to live with his mother, the caseworker may interpret that to mean the mother is neglectful or abusive. However, if she asks the child why he doesn't like living with his mother, he may explain it's because she's always sad, which may point to the need for counselling or treatment for the parent's emotional or mental health issues.

d. Visual Communication

Some clients have too much difficulty explaining their feelings in words, either because they're too young, or because the subject is too traumatic for them to address directly. In these instances, caseworkers sometimes turn to visual communication, especially when working with children. If a caseworker doubts about any abuse, she may ask the child to draw a picture of what happened during

an alleged incident. She may also ask the child to draw a picture of how she and the suspected abuser interact and what they do when they spend time together. Inviting a child to color or draw can also help put a child at ease at the beginning of the interview.

5.2.1 Observation

Below are the different types of observations which are used in social case work. These are as follows:

1. Participant Observation

Participant observation was first introduced by Prof. Edward Winder Man. It means the activities of a group in which an observer himself participate and note the situation. He willingly mixes with the group and perform his activities as an observer not merely a participator who criticizes the situation. In other words he takes place and shares the activities with his group. For example when we study the rural and urban conditions of Asian people, we have to go there and watched what is going on. The best philosophy of participant observation is that we watch the phenomena and does not merely ask. The actual behavior of the group can be observed only by participant observation not by any other method.

Merits and Demerits of Participant Observation

Let us begin by discussing the merits.

i. Merits

- a. The observer is personally involved in group activities and shares their feelings and prejudices.
- b. He participate himself and get insight into the behavior of the group.
- c. It motivates and stimulates mutual relationship between the observers and observed.
- d. He can get more information's with accuracy and precision.
- e. The information's are recorded in front of the group people.

ii. Demerits

- a. The observer may develop emotional attachment to his group which will lose the objectivity of the study.
- b. Cannot observe a certain phenomenon in a short time available to him.
- c. Cannot cover a wide area through this method.

2. Non-Participant Observation

The non-participant observation has a lack of participation of the observer in his group activities. He either watch the phenomena from a distance or participate in the group but never in its activities. He only sit in the group but do not interest in the process.

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The difference between participant & non-participant observation is that, in the former the observer himself takes part in a group, becomes the member of that group and also participates in their activities with full fledge while the latter refers to the less or no participation of the observer in his group, their membership and activities. He watches from a distance but does not have active eye sight about what is going on in the field of research.

i. Merits

- a. Although observer himself never attaches to the group but the objectivity maintained.
- b. Less emotional involvement of the observer leads to accuracy and greater objectivity.
- c. Having secondary relationship with his group, so the information is collected entirely.
- d. Through non-participant observation the research remains very smooth.

ii. Demerits

- a. Do not have full knowledge about the group activities.
- b. Cannot understand the whole phenomena.
- c. Cannot get real and deep insight into the phenomena.

3. Controlled Observation

Here both observer and observed or subject are controlled. For systematic data collection control is imposed on both for accuracy and precision. When observation is pre-planned and definite, then it is termed as controlled observation. In control observation, mechanical devices are used for precision and standardized. So, control increases accuracy, reduces bias and ensures reliability and standardization. Some of the devices are given below. These are:

1. Observational plan.
2. Observational schedule
3. Mechanical appliances like, camera, maps, films, video, tape recorder etc.
4. Team of observers
5. Socio-Matric Scale

4. Un-Controlled Observation

Uncontrolled observation takes place in natural setting without the influence of external or outside control. The observer does not plan in advance but this is related to day-to-day happenings and socio-cultural problems. It studies some of our life situations.

5. Structured and Un-Structured Observation

It this type, careful information is recorded in a standardized way. It is a planned observation of a phenomena and follow certain patterns, rules and designs for the

purpose of what, how and when to observe. Unstructured observation is opposite to structured. This is not systematic and un-planned observation. A researcher does not set a plan in advance but he gets the information freely. There are no rules to follow by the researcher.

6. General or Layman Observation

General or layman observation is made by people in day-to-day happenings. They see many things daily but there is no objectivity of their study. For example, a person who sees the children playing in a garden is general observation.

7. Scientific Observation

Scientific observation is based on some scientific rules and deliberate thinking. The observer must know what to observe. He has proper planning, objectivity, hypothesis and observation schedule in his study. Scientific observation is reliable and more standardized than general observation.

5.2.2 Home Visits and Collateral Contacts

The home visit is at the heart of social work practice with children and families; it is what children and families' social workers do more than any other single activity (except for recording), and it is through the home visit that assessments are made on a daily basis about risk, protection and welfare of children. And yet it is, more than any other activity, an example of what Pithouse has called an 'invisible trade': it happens behind closed doors, in the most secret and intimate spaces of family life. Drawing on conceptual tools associated with the work of Foucault, this chapter sets out to provide a critical, chronological review of research, policy and practice on home visiting. We need to understand how and in what ways changing discourses have shaped the emergence, legitimacy, research and practice of the social work home visit to children and families at significant time periods and in a UK context. We need to understand the importance for the social work profession of engagement and critical reflection on the identified themes as part of their daily practice.

More recently in the UK, the social work home visit has become the site of conflicting and contested discourses pivoting around two themes: first, the demand for increased regulation through the introduction into practice of a greater range of evidence-based measurement tools and interventions; and, second, the demand for deregulation through less adherence to prescribed assessment tools and greater emphasis on relationship-based practice. Interestingly, and may be an indication of the effect of a particular 'regime of truth' (Foucault, 1980, p. 89), is the fact that contemporary debates are not about whether the state should intervene or not—because today we expect statutory authorities (police, teachers, health visitors, doctors and social workers) to intervene in cases of neglect or harm to children and vulnerable adults, just as we expect the authorities (police or procurator fiscal) to prosecute in such cases, too. The debate is rather about how best to intervene and what is likely to achieve the greatest success.

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Focusing first on the drive for increased regulation through evidence-based assessment and intervention, this discourse, on one level, is not new. Historically, when home visits were the domain of voluntary organisations, their effectiveness was measured in terms of the documented reduction in poor relief applications. In the 1940s, debates about the effectiveness of a home visit as compared with an office-based meeting caused ‘considerable controversy amongst social workers’ (Timms, 1964, p. 195). The crux of the issue was whether the office interview produced a better output (a more objective assessment) than a home visit (Weiss, 1993; Timms, 1964). What is new in current times is the degree to which this emphasis has intensified within a political and economic context where there is an ever-greater concern about questions of effectiveness (Do home visits work? Are they value for money?) and evidence of impact (What outcomes can be evidenced?) (Sheldon and MacDonald, 2009). Furthermore, these questions occur in a context where the influence, in England, of the ‘Troubled Families’ agenda (Department for Communities and Local Government, DCLG, 2012) cannot be ignored. As argued by MacLehose (2011, pp. 43, 47), this policy agenda promotes the targeted intervention of services into family life to improve parental capacity and is premised upon the conjoined discourses of ‘the behaviour of individuals’ and ‘the failures of families’, which together have created ‘truths’ (Foucault, 1980, p. 80) around ‘a culture of irresponsibility’ and ‘disruption’ (within and outside the family), reinforcing the idea that problems lie with individuals, not society, and that change needs to therefore come from families, not from the state or even communities.

Against this backdrop, where the targeted intervention into family life ‘for the good of all’ is legitimised, we have seen a growth in the use of standardised assessment frameworks and evidence-based interventions applied in the ‘space’ of the home visit. At the level of assessments, the introduction of the ‘Strengths and Difficulties Questionnaire’ (SDQ), used as part of home visit assessments and as an early screening tool to indicate mental health needs (Department of Health *et al.*, 2000), is now one of a number of measures that assess parental and familial well-being. Government backing for their use has led to increased take up by a number of local authorities in the UK (www.childandfamilytraining.org.uk/) and is complemented by research exploring social workers’ perceptions of their usefulness (Glad *et al.*, 2012). With regard to the use of targeted, evidence-based interventions, the introduction in England of the government programme (DFE, 2014) to support the development of, and research regarding the effectiveness of innovative evidence-based social work interventions with families is noteworthy.

Positive Outcomes of Home Visits

Compare these developments with the *Review of Child Protection in England* (Munro, 2011), which demonstrates a pull in a very different direction. Here we see a demand for the deregulation of the social work visit through less reliance on prescriptive assessment frameworks and greater engagement with creative and relationship-based practice (Ruch *et al.*, 2010; Munro, 2011).

Initiatives such as the 'Reclaiming Social Work' Initiative (RSW) in Hackney (Cross *et al.*, 2010), 'Social Work Practices' (Stanley *et al.*, 2012) and 'Systemic Units' (Forrester *et al.*, 2013) have brought about changes in the delivery of services to children and families' social work that include reduced bureaucratic requirements, decreased caseloads and increased time spent on home visits. Findings from the projects suggest evidence of some positive outcomes from increased opportunities for face-to-face contact, the reduction in the numbers of children coming into care and reduction in staff sickness and turnover rates. But, viewed from a Foucauldian perspective, there is no challenge in any of this to the individualising messages that are at the core of social work home visiting. On the contrary, social work has become even more focused on the individual, as the 'personalisation' agenda takes root in a new 'self-directed support' (SDS) strategy that is rapidly crossing over from adult social care services. Critics of SDS argue that, in the absence of adequate funding, SDS has little to do with the aspirations of the Disabled People's Movement (Roulstone and Morgan, 2009). The current situation may be seen as illustrative of the ambivalent place that social work policy and practice inhabit, under more scrutiny than ever before, and at the same time, at the mercy of competing discourses that have little to do with social work's wider social goals.

It seems as if we have come full circle and are now in a situation once again where the private space of the social work home visit is back under the spotlight, with a number of recent and current research studies examining exactly what is happening in the home visit (see Ferguson, 2009, 2014). This work presents us with an exciting opportunity to learn more about social work practice with children and families today, and consider how we might do it better. But this research also gives us a much more important opportunity, we believe. It will enable us to tell it like it is—to point out the cruel impact of welfare cuts and austerity measures on the poor, while social workers struggle at the margins to try to minimise harm and contain the impossible. Furthermore, we hope to see the development of a research agenda that enables families known to social services to 'tell their stories' about how they actively reconstruct their public/private space in light of the changing policy and practice. We believe that Foucault has provided us with an ideological toolbox that has allowed us to interrogate the everyday—to ask questions about power, knowledge and truth in the social work home visit. It could be argued that, together with child protective and family assessment home visits as sites of construction and negotiation of the regime of knowledge/power/truth, the oppressive populist views of 'troubled families' may itself be the perceptual site of resistance perpetuating Foucauldian privileged discursive practice. We end with Stan Cohen, sociologist and social worker, writing in 1975 (reprinted in 1998): 'Stay in your agency or organisation, but do not let it seduce you. Take every opportunity to unmask its pretensions and euphemisms, use its resources in a defensive way for your clients, work for abolition.'

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Understanding Collateral Contact

A collateral contact is a source of knowledgeable information about a household's situation. The collateral contact typically either corroborates or supports information provided by household members. Collateral contacts are often used in child custody cases to obtain information about a child, parent or other person responsible for the child. In these cases, the collateral contact often has knowledge of the family situation without having personal involvement in the situation. Collateral contacts provide a third-party validation of the household circumstances and help ensure correct eligibility and payment determinations are made by the courts. Courts often use collateral contacts to support or impeach a client's statement or when evidence of certain eligibility criteria does not exist. Examples of collateral contacts include employers, past or present landlords, neighbors, school officials, day-care providers and other persons outside the household. A caseworker often asks for the names of several persons for use as possible collateral contacts. The caseworker can request this contact information during face-to-face interviews, during a home visit, by telephone or in writing. The caseworker uses the collateral contact to support statements made by household members or to determine eligibility factors. The caseworker normally determines whether the specific case requires collateral contacts and what kind of information to request from these contacts.

5.2.3 Social Work Intervention Theories

Intervention theories are about particular ways of doing social work, and are sometimes called 'methods' or 'practice approaches'. These theories help develop an explanation or narrative about why and how you are doing social work in a particular way in a given situation. Some intervention theories are general and tend to offer broad principles for intervention rather than explicit guidance. They are often closely linked to the value base of social work and provide important underpinning principles on how to go about social work without necessarily specifying explicit techniques. Examples of such theories include 'person-centred' approaches and 'anti-oppressive practice'. Other intervention theories offer very explicit practice guidance and include approaches such as 'task-centred', 'solution-focused' and 'crisis intervention'. Your work with a particular service user may be dominated by one approach either because it is favoured by your agency or because you judge that it will be particularly effective. However, it is more likely that you will draw on elements of different practice approaches according to the context and individuals involved. Such approaches are often underpinned by broader explanatory theories. Crisis intervention, for example, offers an explicit practice approach, however it is underpinned by an explanation of human responses drawn from 'psychodynamic theory'. (Lomax et al. 2010, p. 42)

You may find it useful to make notes about intervention theories that you plan to use in relation to particular practice activities. Here is an example: Practice activity Intervention theory Narrative of how the theory was used Initial meeting

with service user 'A' Task-centred theory Person-centred theory Worked in partnership with A to draw up list of agreed goals. Agreed on tasks A will complete by next meeting. Sought to use empathy and unconditional positive regard to understand and avoid easy judgements of things I found difficult. Used listening and communication skills to get as full a picture of A's situation as possible. (Lomax et al. 2010, p. 43)

The importance of personal and practice experience

Your past personal experience can be useful in helping you to theorise by developing a hypothesis about a practice situation. However, it is important to recognise that your life experiences cannot necessarily be universalised and that other people's experiences of similar situations may be very different. Nevertheless, personal experience can offer important insights for practice. You will find that the experience you build during placement and later as a qualified social worker will help to continually inform you throughout your professional life. This 'practice wisdom' will become increasingly important in helping you to decide why and how to intervene in social work situations (Lomax et al. 201, pp. 43 - 44).

Developed by Learning Advisers 2 Service user and carer expertise, you will learn a great deal during your placement and throughout your future career from the people who are receiving a service from your organisation. The term 'experts by experience' is increasingly used by both service user-led organisations and by professionals seeking greater involvement from service users and carers. It is a term that recognises the wealth of knowledge held by service users – their diverse range of life experiences and their knowledge about what it is really like to be on the receiving end of a social work practice. (Lomax et al. 201, p. 44)

Formal versus informal theoretical knowledge

The table below provides an overview of the different areas of theoretical knowledge areas: Formal theoretical knowledge Informal theoretical knowledge Theories that explain Theories to help you intervene Personal experience Practice experience Service user expertise Examples include: Attachment Feminism Power Theories about the social work role Examples include: Task-centred Solution-focused Crisisintervention Examples include: bereavement caring for an elderly relative Examples include: Appropriate methods of giving bad news to someone Appropriate methods for ending sensitive topics of conversations Examples include: Experience of living in poverty Experience of mental health services (Lomax et al. 201, p. 44) Resource adapted from: Lomax, R, Jones, K, Leigh, S & Gay, C 2010, Surviving your social work placement, Palgrave, Macmillan, New York.

Social policy literature on defining need is vast. This discussion paper uses an outcomes-based framework: that is, the need for social work intervention arises when the resources available to an individual, family or community are insufficient for them to achieve preferred or required outcomes. Reasons for this approach are three-fold:

1. Reviews of the literature defining need in social policy already exist;

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2. There is agreement between policy makers and people using services that an outcomes approach is a basis on which user centred services and practice can be developed; and

3. An outcome approach is consistent with social work values, the Codes of Practice and standards of service and practice.

This discussion paper focuses on the need for social work intervention with individuals, families, groups and communities.

It is impossible to separate the need for social work intervention from the role of social work in Scotland. This is integral to deciding social work's contribution to tackling social and personal problems and promoting well-being. *The Role of Social Work* is the subject of another project, but this discussion paper has had to make assumptions about its role. These assumptions are:

1. Claiming exclusive territory is not appropriate for social work because:

- The whole of the person's life situation and social context is its focus
- The implementation of its values and the process are what give social work its quality - 'there are no good outcomes without good processes' (*Shaping Our Lives*, p.56 in *Turner and Evans* 2004)

This creates difficulties for social work because professions usually define their territory through an exclusive claim to specific knowledge and skill. This lack of exclusive territory leads to the regular prediction of the demise of social work.

2. Social work's role is carried out through:

- Direct practice, of various types and techniques, with individuals, families, groups and communities and with provider organisations
- The management and development of:
 - i. Practice, including work based learning for students and staff
 - ii. Service provision, including commissioning
 - iii. Policy and strategy within, and outside the organisation
- Working with a range of organisations to contribute to the promotion of social and personal well-being
- Research and development.

3. The organisational context in which social workers operate is significant in determining:

- Whether good practice is in spite of, or because of its support
- Whether the management of practice is fit for purpose in a particular context
- The nature of the teams within which social workers are operating
- Whether there is a learning environment that supports good practice so that social workers are confident about their knowledge and skills.

4. Knowledge and skill shifts occur over time

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- Particularly when there are significant changes in social policy
- Both within and between professions and occupational groups
- Because people using services build up their own expertise and this becomes incorporated into the knowledge used by professionals
- When new groupings of knowledge and skill emerge in response to new needs and policy directions
- As solutions become more standardised or there are technological developments skills move from professionals to members of the public.

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Check Your Progress

1. What is the role of ethical decision in social case work?
2. What is the role of supervision in social case work?
3. How does interview help a caseworker and client?
4. What do you mean by open-ended questions in social case work?
5. List the merits of participant observation.
6. What is un-controlled observation?
7. Why is home visit so important in social case work?
8. Why has home visit become the site of contested discourses in the UK recently?
9. What role does collateral contact function in social case work?
10. How do intervention theories help in social case work?

5.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. "Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues," *the NASW Code of Ethics* states. You have studied and learned from this set of values, ethical principles, and ethical standards, and the general public can hold the social work profession accountable for its actions.
2. Supervision protects clients, supports you, and ensures that professional standards and quality services are delivered by competent social workers. If you don't have it memorized, take a look at *the NASW and ASWB's Best Practice Standards in Social Work*.
3. To connect with their clients and encourage them to open up, they rely on several trusted interviewing techniques. These methods not only help patients articulate their thoughts, they also ensure the information caseworkers receive from clients is meaningful and accurate.

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4. The open-ended question is a mainstay of interviewing, because it requires people to elaborate on their responses. It's important that caseworkers know the reason behind the answer, so they can use this information to evaluate the client's mental and emotional state and develop long-term goals or treatment strategies.
5. The merits of participant observation are as follows:
 - The observer is personally involved in group activities and shares their feelings and prejudices.
 - He participate himself and get insight into the behavior of the group.
 - It motivates and stimulates mutual relationship between the observers and observed.
 - He can get more information's with accuracy and precision.
 - The information's are recorded in front of the group people.
6. Uncontrolled observation takes place in natural setting without the influence of external or outside control. The observer does not plan in advance but this is related to day-to-day happenings and socio-cultural problems. It studies some of our life situations.
7. The home visit is at the heart of social work practice with children and families; it is what children and families' social workers do more than any other single activity (except for recording), and it is through the home visit that assessments are made on a daily basis about risk, protection and welfare of children.
8. More recently in the UK, the social work home visit has become the site of conflicting and contested discourses pivoting around two themes: first, the demand for increased regulation through the introduction into practice of a greater range of evidence-based measurement tools and interventions; and, second, the demand for deregulation through less adherence to prescribed assessment tools and greater emphasis on relationship-based practice.
9. A collateral contact is a source of knowledgeable information about a household's situation. The collateral contact typically either corroborates or supports information provided by household members. Collateral contacts are often used in child custody cases to obtain information about a child, parent or other person responsible for the child.
10. These theories help develop an explanation or narrative about why and how you are doing social work in a particular way in a given situation. Some intervention theories are general and tend to offer broad principles for intervention rather than explicit guidance. They are often closely linked to the value base of social work and provide important underpinning principles on how to go about social work without necessarily specifying explicit techniques.

5.4 SUMMARY

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- It is good practice to reflect often on your ethical code, as sometimes social workers forget to do this, to the detriment of their careers.
- Promote your profession by being a consummate expert in your field, and other professions will seek you out. Be a respectful and responsible social worker, so others know you are someone they can rely on. You chose this profession for a reason—make sure you do all you can to elevate it.
- Social work licensure exists to protect the public, not to protect you or your practice. So be sure to invest in liability insurance. In recent years, social workers, like other professionals, have increasingly been subject to malpractice lawsuits.
- Supervision protects clients, supports you, and ensures that professional standards and quality services are delivered by competent social workers. If you don't have it memorized, take a look at the NASW and ASWB's Best Practice Standards in Social Work.
- Caseworkers interview a diverse array of clients, from teenagers coping with substance abuse to single parents struggling to support their families. To connect with their clients and encourage them to open up, they rely on several trusted interviewing techniques.
- The open-ended question is a mainstay of interviewing, because it requires people to elaborate on their responses. It's important that caseworkers know the reason behind the answer, so they can use this information to evaluate the client's mental and emotional state and develop long-term goals or treatment strategies.
- Sometimes, the best way to delve into a client's feelings, fears or motivations is to ask him what he means by his answer. It also ensures the caseworker doesn't misunderstand the client's response.
- Participant observation was first introduced by Prof. Edward Winder Man. It means the activities of a group in which an observer himself participate and note the situation.
- Uncontrolled observation takes place in natural setting without the influence of external or outside control. The observer does not plan in advance but this is related to day-to-day happenings and socio-cultural problems. It studies some of our life situations.
- Scientific observation is based on some scientific rules and deliberate thinking. The observer must know what to observe. He has proper planning, objectivity, hypothesis and observation schedule in his study. Scientific observation is reliable and more standardized than general observation.
- The home visit is at the heart of social work practice with children and families; it is what children and families' social workers do more than any

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other single activity (except for recording), and it is through the home visit that assessments are made on a daily basis about risk, protection and welfare of children.

- Focusing first on the drive for increased regulation through evidence-based assessment and intervention, this discourse, on one level, is not new. Historically, when home visits were the domain of voluntary organisations, their effectiveness was measured in terms of the documented reduction in poor relief applications.
- With regard to the use of targeted, evidence-based interventions, the introduction in England of the government programme (DFE, 2014) to support the development of, and research regarding the effectiveness of innovative evidence-based social work interventions with families is noteworthy.
- social work has become even more focused on the individual, as the 'personalisation' agenda takes root in a new 'self-directed support' (SDS) strategy that is rapidly crossing over from adult social care services.
- A collateral contact is a source of knowledgeable information about a household's situation. The collateral contact typically either corroborates or supports information provided by household members.
- The caseworker uses the collateral contact to support statements made by household members or to determine eligibility factors. The caseworker normally determines whether the specific case requires collateral contacts and what kind of information to request from these contacts.
- Some intervention theories are general and tend to offer broad principles for intervention rather than explicit guidance. They are often closely linked to the value base of social work and provide important underpinning principles on how to go about social work without necessarily specifying explicit techniques.
- Crisis intervention, for example, offers an explicit practice approach, however it is underpinned by an explanation of human responses drawn from 'psychodynamic theory'.
- It is impossible to separate the need for social work intervention from the role of social work in Scotland. This is integral to deciding social work's contribution to tackling social and personal problems and promoting well-being.

5.5 KEY WORDS

- **Licensure:** The term means a restricted practice or a restriction on the use of an occupational title, requiring a license.
- **SDQ:** The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire.

- **Psychodynamic Theory:** In psychology, a psychodynamic theory is a view that explains personality in terms of conscious and unconscious forces, such as unconscious desires and beliefs. Psychodynamic theories commonly hold that childhood experiences shape personality.

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5.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the usage of tools and techniques of social case work.
2. Write a brief about role and purpose of licensure laws for social case workers.
3. Write in short the role of visual communication in social case work.
4. Write in brief about the merits of non-participant observation.
5. Write a brief note on practice of the social work home visit to children and families.
6. Write in short about 'anti-oppressive practice' in social work intervention.

Long Answer Questions

1. "Regardless of licensure status, social workers should never stop learning." Justify this statement.
2. Discuss the significance of controlled observation in social case work.
3. Analyse the efficacy of home visit and collateral contact in social case work.
4. Discuss the role of crisis intervention in social case work with some examples.

5.7 FURTHER READINGS

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- Jordan, William. 1970. *Client-worker Transactions*. London: Routledge.
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BLOCK - III
CASE WORKER – CLIENT RELATIONSHIP AND
CASE WORK AND COMMUNICATION

UNIT 6 CASE WORKER-CLIENT
RELATIONSHIP

Structure

- 6.0 Introduction
- 6.1 Objectives
- 6.2 Case Worker-Client Relationship: Meaning, Purpose, And Needs
 - 6.2.1 Rapport and Empathy
 - 6.2.2 Components of Empathy and Acceptance
 - 6.2.3 Characteristics of Professional Relationship
 - 6.2.4 Principles of Client-Worker Relationship
 - 6.2.5 Obstacles or Boundaries in Worker-Client Relationship
- 6.3 Answers to Check Your Progress Questions
- 6.4 Summary
- 6.5 Key Words
- 6.6 Self Assessment Questions and Exercises
- 6.7 Further Readings

6.0 INTRODUCTION

Human relationships are of central importance for social case workers. They understand that relationships between and among people are an important vehicle for change. They engage people as clients and partners in the helping process and seek to strengthen relationships among people in purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organization, and communities. However, to maintain and balance worker-client relationship is not easy because development of relationship hinges on various factors.

Empathy can be one of the greatest tools for social workers in establishing relationships with their clients. Empathy is the capacity to fully grasp, experience and share in another person's emotional state. Because empathy and acceptance are at the core of an excellent working relationship between a social worker and their client, the various techniques for building them are very important. Empathy communicates that the worker understands the depth of the feeling of the client and that he is with him.

Professional relationship is formed with a particular purpose which sets and determines how persons in the professional relationship will behave towards one

another. The purpose and concern for the client involves the worker's care for everything that happens to the client in such a way that the client feels and realises the worker's concern for him. It is this purpose that improves the social functioning within the orbit of social work profession and guides the relationship with the client.

Today, many professionals enter into the field of social work to help others grow and improve their life circumstances. Yet, when working with clients, social workers must maintain clear boundaries to assure professional integrity and responsibility.

This unit aims at analysing various aspects of case worker-client relationship and stresses the need for adhering to principles of relationship for workers in this profession.

6.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the case worker-client relationship
- Analyse the meaning, purpose and need of case worker-client relationship
- Enumerate the principles of client-worker relationship
- Enumerate empathy and its elements of social case work
- Analyse authority and its types in social case work
- Understand the boundaries in a social work-client relationship

6.2 CASE WORKER-CLIENT RELATIONSHIP: MEANING, PURPOSE, AND NEEDS

Relationship is the basis of all help. Therefore, it should develop around the act of helping the client. Helping the client is the purpose for which interaction takes place between the worker and client. This is driven by their experiences, their expectations from each other and anxieties about the situation, philosophy (values and principles of life) governing their lives, prejudices, likings and norms of behaviour, knowledge and experience about the subject matter of interaction.

If we know and remain aware of these, our interaction will be more realistic. This requires training and experience in the social skill of active awareness. Development of relationships is also affected by the agency setting (e.g. medical settings, correctional settings, educational settings), time limits, capacities, motivations, expectations, purpose of the various units in the interaction; the nature of problem (simple, complicated, situational or personality problem, etc.) and the goals sought; and the personality make-up of the worker (maturity, helpfulness,

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sensitivity, courage, creativity etc.). A study of Susan-Joanna relationship is given here to help us understand this relationship.

After years of abuse, Joanna builds the courage to leave her abusive husband and retreats to the nearest domestic violence shelter. While meeting with her social worker, Susan, she struggles to express her overwhelming feelings.

Susan is able to identify and sense Joanna's emotions and helps her put her feelings into words.

A client may be at one of the most vulnerable moments of their life when they meet with a social worker. In order for Joanna to feel like she can open up, Susan's primary focus should be establishing a healthy working relationship with her. This can be done by cultivating a safe environment, empathy, rapport and trust.

6.2.1 Rapport and Empathy

Susan's first task is to build rapport with Joanna. Rapport is a harmonious relationship in which there is mutual understanding and connection. When a rapport is established, clients feel that they can open up and trust their social worker.

Research has shown that empathy can be one of the greatest tools for social workers or therapists in establishing relationships with their clients. Empathy is the capacity to fully grasp, experience and share in another person's emotional state. (Not to be confused with sympathy, which is a passive expression of pity, rather than an active expression of understanding).

Empathy is one of the National Association of Social Workers' (NASW) core values because it is what allows social workers to treat each individual client with respect and sensitivity. Empathy paves a way for social workers to look past stereotypes and judgments of their clients and instead to search for each client's strengths and positive attributes.

An empathetic social worker will show Joanna that they are truly sorry by listening attentively to her, mirroring her body language, and reflecting her feelings back to her so that she feels fully understood.

6.2.2 Components of Empathy and Acceptance

Professors, Dr. Karen Gerdes and Dr. Elizabeth Segal, developed a social work model of empathy in 2009 that entails three factors:

- 1. Affective response:** An involuntary, automatic, and natural response to another person's emotional state. For example, when someone tells us that their dog died, our emotional state naturally becomes sullen in a state of empathy without even trying.
- 2. Cognitive processing:** A voluntary response to another's emotional state of putting ourselves in their shoes to experience what they are feeling. It also allows us to consciously abstain from processes that inhibit empathy, such as judging, stereotyping and generalizing.

3. Conscious decision-making: Taking empathetic action; actively helping and advocating for the client.

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Because empathy and acceptance are at the core of an excellent working relationship between a social worker and their client, the various techniques for building them are very important. To cultivate acceptance and empathy of their clients, social workers must:

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1. Attempt to feel what their clients are feeling by stepping in their shoes.
2. Leave behind and challenge all stereotypes, generalizations and judgments they may have of a client.
3. View each client as a unique individual.
4. Not assume that they know what the client is feeling just because they have been in a similar situation.
5. Have an attitude of genuine curiosity about the client.
6. Identify commonalities between themselves and their client.

To demonstrate acceptance and empathy, Susan displays attending behaviors like facing Joanna, demonstrating eye contact, and nodding while she is speaking. She uses verbal cues to show she is listening such as ‘uh huh’ or ‘go on.’

Susan also asks questions for clarification, and acknowledges and normalizes any of Joanna’s reluctance. She asks Joanna what goals she would like to accomplish, and helps Joanna identify her own feelings using reflection techniques like saying ‘you feel....because’ statements. For example, she reflects, ‘you’re feeling scared because you’re not sure what you will do for money without your husband’s financial support.’

6.2.3 Characteristics of Professional Relationship

Professional relationship is formed with a particular purpose and it terminates once that purpose is served. This is in addition to the normative purpose of all professional relationships, i.e., some kind of change in, or development of, human beings leading to a “personally satisfying and socially useful life”. It is the individualised purpose which is unique to every relationship and is set to be achieved in each case. This purpose sets and determines how persons in the professional relationship will behave towards one another. The conscious, purposive and deliberate efforts to develop a helping relationship contains elements of:

- (1) Purpose and concern for the client system
- (2) Expectations
- (3) Empathy and clear communication
- (4) Genuineness and acceptance; and
- (5) Authority.

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1. Purpose and Concern

The purpose and concern for the client involves the worker's care for everything that happens to the client in such a way that the client feels and realises the worker's concern for him. According to Fromm (1956), it consists of "sense of responsibility, care, respect, knowledge of other human beings and the wish to further their lives". It means that we involve ourselves deeply in the affairs of client without getting obsessed by it.

Keith-Lucas (1972) observes that concern implies serving the interest of the client. Concern for other includes meanings expressed in concepts like understanding, warmth, unconditional respect, and liking etc. This is communicated through punctuality, taking consent before making home/ school visits, observing cultural norms for showing respects, attentive listening, questioning and commenting as and when desirable for helping the client. Our knowledge, skills and experience are to be used to foster movement in the client towards the desired and consciously determined purpose. It is this purpose that improves the social functioning within the orbit of social work profession and guides the relationship with the client. The purpose of establishing relationship is known to and accepted by both worker and client. Relationship is established around this purpose.

2. Expectations

Persons frequently tend to anticipate what gains, losses or experiences will accrue to them out of a particular event or contact with a person. We all experience how expectations of the future affect our behaviour in the present, and which, in turn, influences our future behaviour and our sense of security and well-being. Expectations are major determinants of behaviour. How client's expectancies are confirmed or disconfirmed will affect his relationship with the worker and their interaction within it. This warrants clarification about the expectations in precise terms each has from the other.

In general, three types of expectations are always found in the client-worker relationship. One is, how the worker feels about the client's ability and desire to change, and his own ability to effect change in the client's situation. To be effective, the worker must be convinced of the "power of the push" towards self-development, i.e., the client can change given appropriate help and support.

The second is, what are the expectations of the client from the worker? Client cannot be effectively helped unless his expectations are met by the workers' behaviour. In other words, the expectations of the worker and that of the client should be in accord as to what will be going on between them in the transactions between them. The more discrepancy between what the clients expects and what happens in the client-worker transactions, the lesser are the chances for the client to continue in the relationship. The third expectation is of positive results following the interaction with the worker. This involves faith of the client in the efficacy of the treatment process and the worker's professional competence and helpfulness.

The worker must confirm or work out these expectations to seek deeper involvement and continuance of the client in the helping process.

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3. Empathy

Perlman (1979) explains this as “feeling with and into another person, being able to get into his shoes”. Thus, one tries to know what the client feels and experiences without getting lost in the process. Rogers (1966) explains empathy as “the perceiving of the internal frame of reference of another with accuracy, and with the emotional components which pertain thereto, as if one were the other person but without ever losing the ‘as if condition’”.

Empathy communicates that the worker understands the depth of the feeling of the client and that he is with him. It requires an imaginative capacity. Comments like the following communicate empathy: “I understand that you are upset”. “I can understand how perturbed you are because of...”, “It must be difficult for you to...” Empathy does not mean the loss of objectivity. It can be learned and developed so that the therapist can understand the world of the client “as he sees it”.

The helper can be effective in communicating empathic understanding when he:

- (1) Concentrates with intensity upon the helpee’s expressions, both verbal and non-verbal
- (2) Concentrates on responses that are interchangeable with the helper
- (3) Formulates his responses in language that is most attuned to the helpee
- (4) Responds in a feeling tone similar to that communicated by the helpee
- (5) Is most responsive (interacts with the helpee)
- (6) Having established an interchangeable base of communication, he moves tentatively towards expanding and clarifying the helpee’s experiences at higher levels
- (7) Concentrates upon what is not being expressed by the helpee (the deepest level of empathy involves filling in what is missing rather than simply dealing with what is present); and
- (8) Employs the helpee’s behaviour as the best guideline to assess the effectiveness of his response.

Communication plays a very vital role in establishing relationship and is most important of all.

4. Genuineness and Acceptance

To be genuine and congruent, the worker relies on his moment to moment felt experiences in his relationship with the client. Genuineness should reflect from the worker’s behaviour and permeate his all interactions with the client. A genuine and congruent relationship consists of a consistent and honest openness and behaviour matching with the verbalised intentions and values of social work.

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The worker should be consistent in his communications and behaviour towards the client. If he says that he is honest, he must accept it when he commits mistakes. Similarly, his claim to help the client must get expressed in his efforts. Congruence implies workers being what he feels inside. The Indian scriptures emphasise this when they exhort men to be consistent in their thinking, talking and acting upon.

If case workers are genuinely interested in the client's welfare, it is bound to show up in our behaviour. It means, then, that we must try to translate our inner feelings into behaviour if it does not show up properly. To be genuine and congruent, one must understand oneself in terms of one's capabilities, attitudes, prejudices, personal values, temperament, etc. Knowledge of agency and its policies, procedures, role, commitment to the client's welfare will facilitate being genuine. Rogers (1954) has emphasised this as one of the most important factors (others being empathy and positive regards) for effecting change in clients.

Acceptance, as usually understood, is to accept (like) the person but not all his actions. This notion of acceptance leaves enough scope for criticism of the client's certain actions though out of goodwill only. Gandhiji has also said the same thing when he asks to "hate the sin and not the sinner". Some authors explain this in terms of receiving what the clients offer of themselves with a respect for their capacity and worth, belief in their capacity to grow and change, and with awareness that their behaviour can be understood as a means to cope with the situations.

Acceptance is to express one's goodwill towards the client in spite of his weaknesses or unhealthy behaviour. Acceptance implies that the worker considers the client as a person with feelings, thoughts and experiences unique to him. It emphasises the worker's faith in the capacity of the clients for self-determination and self-direction. Acceptance assumes that people behave and act as they ought to because of the particular nature of the situation in which they are.

They are what they ought to be because of their environment, capacities and other endowments. Acceptance is communicated through expressing concern and respect to the client.

5. Authority

Social workers have always been concerned with the use of authority as a tool to help clients who need protective kind of services and whose ego functioning is poor. Authority is the power delegated to the practitioners by society (client and agency) because of his status and expertise in the field. Power denotes the inherent ability or the admitted right to rule, govern or determine. Authority refers to the power because of rank or office to give commands, enforce obedience and make a decision. Herein, the worker (practitioner) occupying a certain position in the agency is perceived as having power to influence the client to move towards the desired goal of change and growth.

Authority, thus, gets vested in the worker because of his status in the agency (social or bureaucratic authority) and because of his knowledge and experience (psychological or professional authority). The client considers the worker a””; competent to help him, direct his activities and guide him in solution of his problems, thus, experiences security in his relationship with the worker. This sense of security in the client will vary with the level of expertise of the worker and the personal state (level of anxiety, self-confidence, and resourcefulness) of the client. Authority is always present in the worker-client relationship and the worker cannot be divested of the authority and power as he is the provider/supplier of the services the client needs.

This also means that worker-client relationship cannot be on equal terms. Power emanating from authority becomes apparent when the worker gives appointment, includes other members of the family in the treatment process, explains him the dynamics of various situations and questions his late arrival etc.

Weber, as described by Haralambos and Heald (1980), has described three types of authority as under:

(i) Traditional

It is based on the belief in the rightness of customs and traditions. This perpetuates the social order and it is available to individuals and groups who inherit it from their predecessors like priests, father in the Indian family, etc.

(ii) Charismatic

This is derived from the submission (devotion) felt by the subjects to a certain man because of his special or exceptional qualities. Rama, Krishna, Buddha, Christ, Gandhiji, etc., were in this category of persons exhibiting charisma and thereby exerted charismatic authority on the masses.

(iii) Legal Authority

It emanates from the legal provisions, e.g., acts, rules, legal procedures etc. These are rational and embody the society’s wider approval. In casework, formal (legal) authority operates only in cases of probation, aftercare, home services, etc. In such settings, the caseworker derives authority mainly from the agency. Informal (traditional and charismatic) authority grows out of respect for the caseworkers in the relationship.

Authority can be used:

- (i) To persuade the client to use casework services
- (ii) To instil confidence and build up self-esteem, and minimise guilt and anxiety in the clients. This is done by lawfully siding with the client, explaining the legal position and lending due support to him;
- (iii) In crisis situations like suicide, violence, etc., to aid the victims;

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(iv) For setting limits in order to relieve the client from internal or external pressures because of which he is unable to decide the nature of action he should take in the particular situation; and

(v) To inculcate appropriate values in the client so that he could substitute his socially undesirable values by the desirable ones for better life. This is achieved easily when the caseworker is in position to exert more influence (authority) on the client.

In other words, effective use of authority can:

- (i) Serve as a starting point in getting the client engaged in the helping process,
- (ii) Help in dealing with resistance,
- (iii) Give to the client the satisfaction of identifying with a strong/adequate person,
- (iv) Create trust and rapport quickly,
- (v) Help in protection of clients like immature persons, children, the aged, etc.
- (vi) Help in handling the crisis situations in the individual's life,
- (vii) Help in removing/minimising guilt and anxiety, and
- (viii) Give a sense of security to the client because of which he may respond better to casework treatment. Techniques used in such situations are advice, limit setting, coercion, reaching-out, direct intervention etc. On the other hand, authority if not properly used, can cause resistance in client, poor rapport and mutual mistrust, etc. hitting at the very root of the helping process. Indian masses are found to be more responsive to an approach based on use of authority probably because of its history of feudalistic pattern of society.

6.2.4 Principles of Client-Worker Relationship

These principles have become integrated into social work thought and practice and are often referred to as practice principles. These dynamic interactions, consisting of the back and forth movement of attitudes and feelings in three directions, never completely cease. They are living, vibrant forces that endure in some degree throughout the period of person-to-person contact and in some cases may continue in residual form even after the case is technically closed. They constitute the seven elements of the casework relationship and can be defined as follows:

1. **Purposeful expression of feelings:** It is the recognition of the client's need to express his feelings freely, especially his negative feelings. The caseworker listens purposefully, neither discouraging nor condemning the expression of these feelings, sometimes even actively stimulating and encouraging them, when they are therapeutically useful as a part of the casework service.

2. **Controlled emotional involvement:** This is the caseworker's sensitivity to the client's feelings, an understanding of their meaning, and a purposeful, appropriate use of the worker's emotions in response to the client's feelings.
3. Acceptance is the recognition by the caseworker of the innate dignity, ultimate destiny, human equality, basic rights, and the needs of the client, regardless of his individual qualities arising from heredity, environment, behavior, or any other source. Acceptance, however, does not necessarily mean an approval of the client's behavior, attitudes, or standards. Acceptance includes thought and feeling elements, and is expressed primarily in the manner of service.
4. Individualization is the recognition and understanding of each client's unique qualities, and the differential use of principles and methods in assisting each toward a better adjustment. Individualization is based upon the right of human beings to be individuals and to be treated not just as a human being but as this human being with his personal differences.
5. Non-judgemental attitude is based upon the conviction that the casework function precludes assigning guilt or innocence, or degree of client responsibility for causation of the problems or needs, but does include making evaluative judgments about the attitudes, standards, or actions of the client.
6. Client self-determination is based upon the right of the individual to make his own choices and decisions. The client has a right and a need, within certain limitations, to be free in making his own decisions, and the caseworker has a corresponding duty to respect that right, in theory and in practice, by refraining from any direct or indirect interference with it, and by positively helping the client to exercise that right.
7. Confidentiality is the preservation of secret information concerning the client which is disclosed in the professional relationship. Confidentiality is based upon a basic right of the client; it is an ethical obligation of the caseworker, and is necessary for effective casework service. The client's right, however, is not absolute. Moreover, the client's secret is often shared with other professional persons within the agency and in other agencies; the obligation then binds all equally.

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6.2.5 Obstacles or Boundaries in Worker-Client Relationship

Many professionals enter into the field of social work to help others grow and improve their life circumstances. Yet, when working with clients, social workers must maintain clear boundaries to assure professional integrity and responsibility. On any given social work Web site, one will see frequent cases in which there have been complaints filed against social workers resulting in imposed fines, penalties, licensure sanction, suspension, or revocation. In some instances, workers have been imprisoned for misconduct for violation of confidentiality, falsification in record-keeping, malfeasance, and so forth. However, this chapter will explore the issue of client relationships and ethical boundaries for those working in social work, with a particular focus for those in child welfare.

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Dietz & Thompson (2004) stated, “The concern about appropriate boundaries is, at least in part, a concern about the effects of the power differential between client and professional. It is primarily a concern about boundary violations” (p. 2). Boundaries are “the limits that allow for a safe connection based on the client’s needs” (Peterson, 1992, p. 74). Yet, in retrospect, Reamer (2003) suggested that boundary violations and boundary crossings have to be examined in the context of the behavioral effects caused for either the social worker or client. He posited a typology of five central themes in which boundary issues may arise. These are: 1) intimate relationships, 2) pursuit of personal benefit, 3) emotional and dependency needs, 4) altruistic gestures, and 5) responses to unanticipated circumstances.

In addition, the clinical issues of managing dual relationships and management of transference and countertransference are factors that cannot be ignored in this discussion. Workers in child welfare are often found in dual client relationships. According to *the NASW Code of Ethics* (1999), dual relationships occur “when social workers relate to clients in more than one relationship, whether professional, social, or business” (p. 9). Social workers must be knowledgeable and mindful of the *NASW Code of Ethics* (<http://www.socialworkers.org/pubs/Code/code.asp>), which provides a comprehensive and strategic outline of one’s professional standards and conduct in meeting the needs of those we serve.

Throughout one’s career, the question is often asked, “Why did you go into social work?” The answer invariably centers on an interest in wanting to help or improve the lives of others. In child welfare, we are often described as helpers, resource/change agents, do-gooders, motivators of change, child-snatchers, and other stereotypes. Inside our respective roles and responsibilities, to move a client forward, we must engage a client in the process of change.

When working with clients, a major skill that social workers must utilize in facilitating the client’s growth or change process is to earn their trust, confidence, and respect. This is an integral part of the client engagement strategy, which must be established in the early phase of the relationship. For those in child welfare, this poses a great challenge, since there is an inherent right and governmental authority to remove children from their own homes, while continuing to work with families toward improved functioning, stabilization, and/or family reunification. Unfortunately, many professionals in our field have difficulties in the area of client rapport building. In an effort to meet the clients’ needs, workers may find themselves “befriending the client,” under the guise of helping.

Throughout social work profession, thousands of men and women work with vulnerable families and children. In the scope of delivering social services, we often hear stories that can “break one’s heart,” or cause one to be inadvertently “sympathetic vs. empathetic” to the clients’ experiences and/or pain. Many of our clients have been subjected to abuse, neglect, or other forms of violence or maltreatment. Some report stories of abandonment, domestic violence, emotional abuse, or other wrenching experiences. Some even report having difficulty with

intimacy as a result of their reported pain. When social workers have not clearly identified and/or managed their emotional issues and baggage that they brought into the profession, the scope and nature of client/worker relationships can become quite blurry. Subsequently, instead of helping, the social worker may start the path of hurting the client while disclosing or sharing his or her own personal experiences.

In child welfare, immediate supervisors must play a vital role in modelling, coaching, and engaging in frequent discussions with workers on topical issues of client engagement, rapport-building, and assurance of proper boundaries in the worker and client relationship. Social work schools, child welfare training, and other continuing education programs also have a responsibility in providing education and information on the management of client relationships and examination of ongoing ethical issues.

The following behavioral factors may warrant or signal violations in the worker/client relationship:

- 1) Worker has given the client his/her personal e-mail, cell, home address or phone number, or may even disclose his/her MySpace or Facebook account
- 2) Worker and client communicate with each other via texting via cell on the worker's personal and/or company cell phone
- 3) Worker is warm-natured and enjoys physical connectedness with clients, such as hugging or embracing upon contact, kissing, rubbing the shoulder, hands, or face to provide comfort and support to the client
- 4) Worker spends lengthy phone hours with the client during the work day or even on personal time
- 5) Worker may tend to dress provocatively on days when scheduled to see the client(s)
- 6) Worker tends to spend an inordinate amount of time with the client, both scheduled and unscheduled visits, in comparison to other clients
- 7) Worker talks frequently about the client, and may even openly share how much he or she likes, fantasizes, or can relate to the client
- 8) Worker may begin to spend frequent time with client at various restaurants, movie theaters, or other public places outside of the client's home, or even at worker's home, under the guise of a client visit
- 9) Worker freely shares and discusses his/her own personal experiences with the client
- 10) Worker spends his/her own personal funds to support clients' needs, particularly if agency won't pay for clients' needs, while worker chooses to assume cost on his/her own
- 11) Worker engages in the use of drugs and/or alcohol with the client
- 12) Co-workers begin to talk about the worker and his/her relationship(s) with specific clients

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- 13) Client's own family and/or personal friends begin to talk about the amount of time worker spends with the client, and may even share such information with the agency

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The above factors are not an exhaustive list, but signal that the worker's involvement with the client warrants further probe and attention. If the supervisor has a suspicion or concern, it's important to document and confer with others in authority. In some instances, it may be a labor relations matter, or a training or coaching issue between the worker and supervisor.

There have been two distinct incidents in my career in which it was determined, following an internal investigation, that two different workers had grossly violated boundaries in the client/worker relationship. One case involved a worker being intimate with a parent during a weekend home visit, and a four-year-old child reported "daddy and caseworker" were kissing in father's bedroom. The other involved a caseworker who had called off sick, and one of the caseworker's clients called to report to the supervisor that the worker was not sick, but was instead at a client's home getting "high." In both instances, the workers were terminated from their jobs.

Why might a caseworker risk contamination of the client engagement process or actual working relationship? There is no definitive or even easy answer. Erickson's developmental stage of young adulthood, when there is a concentration on intimacy and expansion of one's interpersonal relationships, might suggest that social workers between 22 and 25 years of age are vulnerable to such violations occurring while finding their personal and/or professional selves. Others may suggest that social workers' use and/or abuse of power and authority may be a contributing factor while working with vulnerable clients who lack decision-making or empowerment skills. From others, it may be suggested there are always persons in any given profession who will violate the code of conduct rules and standards, despite any degree of training, supervision, or administrative oversight.

Social workers have a responsibility to examine the issues of client relationships and ethical boundaries. This conversation merits discussion among our peers and other related professionals. In the age of increased litigation and constituent complaints, it is not a topic to be ignored. The personal and corporate costs and liabilities associated with claims of unethical behaviors have long lasting impact to those in the profession and for those who are served.

Fortunately, ethics training for social workers must be taken in accordance with state licensure standards. This provides an opportunity to be mindful of our ethical obligations and boundaries in serving others throughout the field. Non-licensed employees are not exempt from the risk of assumed liabilities in child welfare or other social work settings. Both public and private organizations generally have ascribed core principles, ethical procedures, and guidance with regard to policy safeguards that govern the scope of responsibilities of employees in providing client services. This is intended to keep all safe.

As individuals, let's take the time to examine our own behaviors and interactions in the way we communicate with and relate to our clients. This includes verbal and non-verbal communication. Explore and determine whether your client engagement skills are healthy or unhealthy. Revisit the signals and warning list of possible risk factors provided earlier in this article. If you find yourself or others on the list, take any necessary action to correct the area(s) of concern.

Always remain focused on meeting the needs of the client versus your own personal needs. Evaluate and pursue other avenues of support, which may include professional counselling, clinical supervision, and training. Finally, critically evaluate whether a career change might be necessary for the protection of self, clients, and agency employer.

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Check Your Progress

1. What role does empathy play in establishing a relationship with client?
2. What should social workers do to cultivate acceptance and empathy of their clients?
3. List the main characteristics of professional relationship.
4. Which are the three types of authority?
5. List the main elements of the casework relationship.
6. Which, according to Reamer, are the five central themes in which boundary issues may arise?
7. List some of the behavioural factors which may warrant or signal violations in the worker/client relationship.

6.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. Empathy is one of the National Association of Social Workers' (NASW) core values because it is what allows social workers to treat each individual client with respect and sensitivity. Empathy paves a way for social workers to look past stereotypes and judgments of their clients and instead to search for each client's strengths and positive attributes.
2. To cultivate acceptance and empathy of their clients, social workers must:
 - (i) Attempt to feel what their clients are feeling by stepping in their shoes.
 - (ii) Leave behind and challenge all stereotypes, generalizations and judgments they may have of a client.
 - (iii) View each client as a unique individual.

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- (iv) Not assume that they know what the client is feeling just because they have been in a similar situation.
 - (v) Have an attitude of genuine curiosity about the client.
 - (vi) Identify commonalities between themselves and their client.
3. The main characteristics of professional relationship are:
- (i) Purpose and concern for the client system
 - (ii) Expectations
 - (iii) Empathy and clear communication
 - (iv) Genuineness and acceptance; and
 - (v) Authority.
4. Weber has described three types of authority. These are:
- (i) Traditional,
 - (ii) Charismatic, and
 - (iii) Legal authority.
5. The seven elements of the casework relationship are as follows:
- (i) Purposeful expression of feelings: It is the recognition of the client's need to express his feelings freely, especially his negative feelings. The caseworker listens purposefully, neither discouraging nor condemning the expression of these feelings.
 - (ii) Controlled emotional involvement: This is the caseworker's sensitivity to the client's feelings, an understanding of their meaning, and a purposeful, appropriate use of the worker's emotions in response to the client's feelings.
 - (iii) Acceptance is the recognition by the caseworker of the *innate* dignity, ultimate destiny, human equality, basic rights, and the needs of the client, regardless of his individual qualities.
 - (iv) Individualization is the recognition and understanding of each client's unique qualities. Individualization is based upon the right of human beings to be individuals.
 - (v) Non-judgemental attitude is based upon the conviction that the casework function precludes assigning guilt or innocence, or degree of client responsibility for causation of the problems or needs, but does include making evaluative judgments about the attitudes, standards, or actions of the client.
 - (vi) Client self-determination is based upon the right of the *individual* to make his own choices and decisions.
 - (vii) Confidentiality is the preservation of secret information concerning the client which is disclosed in the professional relationship.

Confidentiality is based upon a basic right of the client. The obligation binds them equally.

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Relationship*

6. Reamer (2003) suggested five central themes in which boundary issues may arise. These are: (i) intimate relationships, (ii) pursuit of personal benefit, (iii) emotional and dependency needs, (iv) altruistic gestures, and (v) responses to unanticipated circumstances.
7. These are a few of behavioural factors may warrant or signal violations in the worker/client relationship:
 - (a) Worker has given the client his/her personal e-mail, cell, home address or phone number, or may even disclose his/her MySpace or Facebook account
 - (b) Worker and client communicate with each other via texting via cell on the worker's personal and/or company cell phone
 - (c) Worker is warm-natured and enjoys physical connectedness with clients, such as hugging or embracing upon contact, kissing, rubbing the shoulder, hands, or face to provide comfort and support to the client
 - (d) Worker spends lengthy phone hours with the client during the work day or even on personal time
 - (e) Worker tends to spend an inordinate amount of time with the client, both scheduled and unscheduled visits, in comparison to other clients

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6.4 SUMMARY

- Helping the client is the purpose for which interaction takes place between the worker and client.
- Empathy is one of the National Association of Social Workers' (NASW) core values because it is what allows social workers to treat each individual client with respect and sensitivity.
- Because empathy and acceptance are at the core of an excellent working relationship between a social worker and their client, the various techniques for building them are very important.
- The purpose and concern for the client involves the worker's care for everything that happens to the client in such a way that the client feels and realises the worker's concern for him.
- Empathy communicates that the worker understands the depth of the feeling of the client and that he is with him. It requires an imaginative capacity.
- If case workers are genuinely interested in the client's welfare, it is bound to show up in our behaviour. It means, then, that we must try to translate our inner feelings into behaviour if it does not show up properly.

*Self-Instructional
Material*

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- Social workers have always been concerned with the use of authority as a tool to help clients who need protective kind of services and whose ego functioning is poor. Authority is the power delegated to the practitioners by society (client and agency) because of his status and expertise in the field.
- Power emanating from authority becomes apparent when the worker gives appointment, includes other members of the family in the treatment process, explains him the dynamics of various situations and questions his late arrival etc.
- Acceptance is the recognition by the caseworker of the innate dignity, ultimate destiny, human equality, basic rights, and the needs of the client, regardless of his individual qualities arising from heredity, environment, behavior, or any other source.
- Many professionals enter into the field of social work to help others grow and improve their life circumstances. Yet, when working with clients, social workers must maintain clear boundaries to assure professional integrity and responsibility.
- In addition, the clinical issues of managing dual relationships and management of transference and countertransference are factors that cannot be ignored in this discussion.
- Throughout social work profession, thousands of men and women work with vulnerable families and children. In the scope of delivering social services, we often hear stories that can “break one’s heart,” or cause one to be inadvertently “sympathetic vs. empathetic” to the clients’ experiences and/or pain.
- In child welfare, immediate supervisors must play a vital role in modelling, coaching, and engaging in frequent discussions with workers on topical issues of client engagement, rapport-building, and assurance of proper boundaries in the worker and client relationship.
- Others may suggest that social workers’ use and/or abuse of power and authority may be a contributing factor while working with vulnerable clients who lack decision-making or empowerment skills.
- Ethics training for social workers must be taken in accordance with state licensure standards. This provides an opportunity to be mindful of our ethical obligations and boundaries in serving others throughout the field.

6.5 KEY WORDS

- **Cognitive:** It is connected with thinking or conscious mental processes.
- **Rapport:** It means close and harmonious relationship in which the people or groups concerned understand each other’s feelings or ideas and communicate well.

6.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Case Worker-client
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Short Answer questions

1. Write a short note on the significance of a worker-client relationship.
2. Write in a brief about the role of rapport in establishing the relationship.
3. Write in short the main objectives of professional relationship.
4. Write in brief about the effective use of authority in worker-client relationship.
5. Write in short on the 'worker's involvement with the client' in social work profession.

Long Answer questions

1. Analyse the main components of empathy and acceptance in worker-client relationship.
2. Discuss the role of purpose and concern to realise the worker's care for the client.
3. Analyse the impact of behavioural factors on the function of social worker.
4. Discuss in detail the various boundaries or obstacles faced by a worker in establishing worker-client relationship.

6.7 FURTHER READINGS

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UNIT 7 CASE WORK AND COMMUNICATION

NOTES

Structure

- 7.0 Introduction
- 7.1 Objectives
- 7.2 Communication: Meaning, Purpose and Principles
 - 7.2.1 Elements in Communication Process
 - 7.2.2 Purpose and Importance of Communication
 - 7.2.3 Ways to Overcome Communication Barriers
 - 7.2.4 Principles of Communication
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- 7.4 Summary
- 7.5 Key Words
- 7.6 Self Assessment Questions and Exercises
- 7.7 Further Readings

7.0 INTRODUCTION

In today's world the role and importance of communication are all-pervasive. Regardless of industries and sectors you are employed, the chance of getting you promoted verily depends not only your expertise in the field but also on how effectively you communicate in the organization. Specialists in the field are always expected to be good communicators and lack of communication skills often land many in awful situations.

As communication is an exchange of ideas/messages/information, the process involves various elements. The communication process is the steps we take in order to achieve a successful communication. Major elements of communication process are: sender/source, ideas/messages, encoding, communication channel, receiver, decoding, feedback and context. Over the years, and with the help of distinguished communication theorists Claude Shannon, Wilbur Lang Schramm and Robert Craig, among others, a simple model of communication has evolved to signify the aforementioned "elements of communication."

The importance of communication skills cannot be underestimated. Good communication skills are a prerequisite for professionals, in all walks of life. A teacher, who is able to communicate well with students, can inspire them to learn and participate in class. However, for the purpose of effective communication, some principles or guidelines should be followed. Then there are various types of communications. Verbal communication can also be called as oral communication.

In very simple terms, any communication that happens orally between people is known as verbal communication. The objective of such communications is to ensure that people understand whatever you want to convey. Non-verbal and interpersonal skills play a huge role. There are also formal and official type of communication which can be emails, letterheads, memos, reports and other such kinds of written material. Informal communication is one where there is nothing official about the communication that is happening.

This unit aims at analysing the meaning, purpose and principles of communication and carries a detailed study of various types of communication

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7.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the meaning of communication
- Enumerate the definition, purpose and principles of communication
- Analyse the various elements of the communication process
- Understand the various types of communication
- Explain the importance of listening
- Analyse the importance of observation and feedback

7.2 COMMUNICATION: MEANING, PURPOSE AND PRINCIPLES

To communicate is 'to share' or 'to participate'. Communication is giving, receiving or exchanging ideas, facts, opinions, information, signals or messages through appropriate media, enabling individuals or groups to persuade, to seek information, to give information or to express emotions. Experts have defined communication in various ways. These are as follows:

- According to Peter Little, "Communication is the process by which information transmitted between individuals and/or organisation so that an understanding results response."
- W. H. Newman defines it this way: "Communication is exchange of facts, ideas, opinions or emotions by two or more persons."
- To Behind Brown, "Communication is the transmission and interchange of facts, ideas, feelings or course of action."
- Keith Davis states, "Communication is the process of passing information and understanding – from one person to another."

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- According to Theo Haiemann, “Communication is the process of passing information and understanding from one person to another. It is the process of imparting ideas and making oneself understand by others.”
- Megginson says, “Communication is the process of transmitting meanings, ideas and understanding of a person or a group to another person or group.”
- American Society of Training Directors puts it: “The interchange of thoughts or information to bring about mutual understanding or confidence or global human relation.”
- “Communication is transfer of information from one person to another, whether or not it elicits confidence. But the information transferred must be understandable to the receiver,” says G.G. Brown.
- “Communication is the intercourse by words, letters or messages,” states Fred G. Meyer.

7.2.1 Elements In Communication Process

The communication process is dynamic in nature rather than a static phenomenon. Lindsey is the supervisor of a team of employees in a research and development department for a small tech company that focuses its research on new apps. Her boss wants Lindsey to work on a new project. But Lindsey can’t successfully manage her team in order to complete the project unless she is able to effectively communicate with them. Thus we see that communication is the process of conveying information between two or more people. The communication process is the steps we take in order to achieve a successful communication. The communication process consists of various elements. Major elements of communication process are: (1) sender/source (2) ideas/messages (3) encoding (4) communication channel (5) receiver (6) decoding, (7) feedback and (8) context.

A sender is the party that sends a message. Lindsey, of course, will be the sender. She’ll also need the message, which is the information to be conveyed. Lindsey will also need to encode her message, which is transforming her thoughts of the information to be conveyed into a form that can be sent, such as words.

A channel of communication must also be selected, which is the manner in which the message is sent. Channels of communication include speaking, writing, video transmission, audio transmission, electronic transmission through emails, text messages and faxes and even nonverbal communication, such as body language. Lindsey also needs to know the target of her communication. This party is called the receiver.

The receiver must be able to decode the message, which means mentally processing the message into understanding. If you can’t decode, the message fails. For example, sending a message in a foreign language that is not understood by the receiver probably will result in decoding failure. Sometimes, a receiver will give the sender feedback, which is a message sent by the receiver back to the

sender. For example, a member of Lindsey's team may provide feedback in the form of a question to clarify some information received in Lindsey's message.

Whether in a marketing strategy, a client-server model, or just day-to-day conversation, communicating effectively is an amalgamation of art and science. In fact, when technology advanced rapidly through the turn of the 20th century, a new theoretical field, *Communication Theory*, was introduced alongside *Information Theory*. Notable products of that field (livelier today than ever) are the Elements of Communication, for which there exists a basic model. Naturally, debate abounds over what these elements are in what order they should appear, but a general blueprint survives to help us better understand the tangibles and intangibles behind the art of communication.

Over the years, and with the help of distinguished communication theorists Claude Shannon, Wilbur Lang Schramm and Robert Craig, among others, a simple model of communication has evolved to signify the aforementioned "elements of communication." Again, there is no universally accepted archetype, and dissidents will flock to anything claiming to be such. Still, what follows is not only an accurate assessment of the basics; it is also an informative lesson for anyone with a desire to better understand the mechanics of communication.

Let us explain each element in communication process separately and in detail.

- (1) **Sender/Source:** The person who intends to convey the message with the intention of passing information and ideas to others is known as sender or communicator or source. The source is the person (or thing) attempting to share information. The source can be a living or non-living entity. The only qualifications necessary for a source are an origin of information (in Information Theory, the source generates data that one would like to communicate) and an ability to transmit this information, through a channel, to a receiver.
- (2) **Ideas/Messages:** This is the subject matter of the communication. This may be an opinion, attitude, feelings, views, orders, or suggestions. At first glance, the message is simply the information you want to communicate. But it goes deeper than that. Communication theorists examine messages from a semiotic perspective (the study of signs and symbols, and how meaning is created through them; note: it is not the study of meaning, just how meaning is created). For example, a commencement speaker produces meaning through several criteria. First, there is the object (in this case, the speaker has an inherent meaning, maybe through being a local celebrity or famous alum). The second criterion would be his or her image, acting as a symbol or representation of the meaning of the object (a well-dressed, professional and successful person). The third criterion is interpretation or derived meaning. If the object and image (and, in this case, speech) are successful, then the audience will leave with an understanding of how to proceed toward a life of personal fulfilment.

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- (3) **Encoding:** Since the subject matter of communication is theoretical and intangible, its further passing requires use of certain symbols such as words, actions or pictures etc. Conversion of subject matter into these symbols is the process of encoding. Encoding is the process of assembling the message (information, ideas and thoughts) into a representative design with the objective of ensuring that the receiver can comprehend it. Communication is only established when it results in both the source and the receiver understanding the same information. People who are great communicators are great encoders; they know how to present their message in a way that their audience (receivers) can easily understand. They are also able to identify information that is superfluous, irrelevant or even accidentally offensive, and eliminate it in advance through anticipation.
- (4) **Communication Channel:** The person who is interested in communicating has to choose the channel for sending the required information, ideas etc. This information is transmitted to the receiver through certain channels which may be either formal or informal. An encoded message is conveyed by the source through a channel. There are numerous channel categories: verbal, non-verbal, personal, non-personal, etc. A channel could be the paper on which words are written, or the Internet acting in the client-server model that is allowing you to read these words right now. A good communicator is one who understands which channels to use under different circumstances. Unfortunately, there is no perfect channel. All channels have strengths and weaknesses (smartphones are great, for example, but a marriage proposal is best done in person).
- (5) **Receiver:** Receiver is the person who receives the message or for whom the message is meant for. It is the receiver who tries to understand the message in the best possible manner in achieving the desired objectives. Ultimately, the message is delivered to the receiver. A good communicator takes the receivers' preconceptions and frames of reference into consideration; how they will react, where common ground is shared, their sense of humor, their moral conduct, etc. All of these things will affect how the receivers decode messages.
- (6) **Decoding:** The person who receives the message or symbol from the communicator tries to convert the same in such a way so that he may extract its meaning to his complete understanding. Now would be an appropriate time to remind yourself that you can just as easily fill the role of decoder as you can encoder. This is where listening, and reading directions carefully, makes its claim to fame—decode with care, my friends. As we discussed in Encoding, communication is only successful when it results in both the source and the receiver understanding the same information. For this to happen, there can be no errors in processing. The most common among these would be, for example, a first-grader sitting in on a lecture on differential equations,

i.e. decoding is impossible if the decoder cannot even understand the message.

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- (7) **Feedback:** Feedback is the process of ensuring that the receiver has received the message and understood in the same sense as sender meant it. A better word might be “reaction” or “responses.” The source judges its success based on the feedback it receives, so pay close attention. If Google’s servers crashed tomorrow, there would be a lot of confused sources. The same would be true if you delivered a flawless marriage proposal, only to receive a look of bewilderment and horror. And then there are famous marketing nightmares, such as Aqua Teen Hunter Force’s LED signs that were mistakenly identified as explosive devices. Feedback is the moment of reckoning. Whether things go right or wrong, it serves as one of the most important learning opportunities we have.
- (8) **Context:** Context is simply the environment in which your message is delivered. For Bob Dylan, the context was the Civil Rights movement in the 1960s, with a heavy focus on The Big Apple (though he would probably disagree). Context could be a boardroom meeting focusing on international expansion or the 2006 World Cup final in Germany (poor choice, Zidane). Needless to say, context can easily make or break the effectiveness of communication.

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7.2.2 Purpose and Importance of Communication

Communication is very important for all beings. Animals and humans, alike, use their own separate languages to communicate with one another, because no one can survive without communicating. Communication skills are a part of the spoken and written language. These are the extra factors, which complete a communication process. The purpose of communication is to convey one’s beliefs, ideas, thoughts or needs with clarity so as to reach a consensus or a mutually acceptable solution.

The importance of communication skills cannot be underestimated. It has been known, that long before language was yet to be invented, people used hand gestures, body language etc to converse with one another. Good communication skills are necessary in all walks of life. The lack of effective communication skills has a negative impact on the personal as well as professional life of a person.

Good communication skills are a prerequisite for professionals, in all walks of life. For example: Ineffective communication, rather than incompetence, precludes the doctor from conveying to the patient that the former has the best interests of the patient in mind. For instance, a doctor may be knowledgeable and may have considerable expertise in his area of work. However, a patient may feel neglected or ignored if the doctor is not particularly good at communicating. The disillusioned patient may also consider getting a second opinion. A simple miscommunication, especially when one is ill, makes one awful. A good health care provider, who is able to put patients at ease with a few comforting gestures and words, will definitely be an asset to any hospital.

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A teacher, who is able to communicate well with students, can inspire them to learn and participate in class. Workplace communication can be improved by participating in a facilitated workshop. A workshop facilitator needs to be able to communicate. Without effective communication, even the goal of workshop facilitation cannot be realized. The facilitator needs to be able to identify dormant participants and encourage them to come forth with their views without seeming overly patronizing. All this is impossible unless the facilitator has astounding communication abilities coupled with a natural empathy towards fellow beings.

Good communication skills are an invaluable asset to a sales person also, since he/she is entrusted with the task of convincing the prospective buyer about the wisdom of investing in a product. This is done by assessing the needs of the buyer and suggesting a product that would meet the buyer's requirements. The product may offer a vast array of easy to use features that would definitely help in improving the quality of life of the user. Who is better to convince the buyer, about the multitude of features that the product has to offer, than a salesperson with a flair for words!

While the importance of verbal communication cannot be underestimated, one cannot do away or ignore written communication. A simple billboard, carrying a well written message, manages to hold our attention at a crossing. Authors have been mesmerizing voracious readers by the power of their words. The enthralled reader flips through the pages, reading well into the night, without giving much thought to the mode of communication. However, communication does not refer only to articulating words. Using sign language and the sense of touch to express and feel are also important modes of communication. Ultimately, communication should be effective. As long as there is clarity in communication, the goal of communication will be accomplished. The above examples would have clearly illustrated the importance of communication skills.

7.2.3 Ways to Overcome Communication Barriers

There are several ways, through which a person, can enhance their communication skills. And people require these extra methods, to grow and improve their existing language. Some techniques are that, People can attend workshops, or they can read about the topic. Certain authors have come up with self help books, which make the task of understanding the concept very simple. And people, can practice, skills like writing etc. This will allow them to improve their written language and communication skills. Communication skills are a required for maintaining relationships also. When with friends and relatives, good communication skills are needed to avoid confusion, miss-communication and fights etc...

So, effective communication skills are very important, for sustaining in the society. Most people judge another person on the basis of his/her body language and form an opinion based on their perception. Hence, effective communication skills are as important to humans as, growling is to a dog, to communicate and

express himself. What the spoken language fails to express is easily conveyed with certain hand and facial gestures.

7.2.4 Principles of Communication

Principles refer to the proven guidelines which are followed in performing jobs so as to attain predetermined objectives. Success of organizations largely depends on effective communication. For the purpose of effective communication, some principles or guidelines should be followed. The followings are the guiding principles in ensuring effective communication:

- (i) **Clarity:** Clarity of message is an important principle of communication. In order to make the message clear to the receivers, the message should be organized by using simple language. The sender must convey the message clearly and confidently so that the receiver can easily understand the message clearly and confidently so that the receiver can easily understand the meaning of the message.
- (ii) **Objective oriented:** The language of communication should reflect the intention of the sender. Integration between the sender's intention and the language used in communication certainly improves the quality of the communication. Any controversy between them may distort the whole communication process.
- (iii) **Brevity:** The message should be as brief as possible. Here brevity means compiling the message with limited words and sentences. If this principle is followed, both sender and receiver can save time and cost.
- (iv) **Completeness:** In presenting information, principle of completeness should be followed. Communication becomes incomplete if partial information is presented. Therefore, the sender should give sufficient information so that the message is complete.
- (v) **Consistency:** Every communication must be purposeful and should be related to a particular subject. Therefore, the message must be consistent and pertinent to the purpose of communication. Any message conflicting to the purpose will affect negative the communication process.
- (vi) **Explanation of message:** Necessary explanation of the message should be given to make it clear and easy. It helps the readers to understand the inner meaning of the message.
- (vii) **Cleanliness and correctness:** In written communication, the message should be written clearly and correctly. Clear handwriting, correct grammar and punctuation are essential requirements of effective written communication. In oral communication, message should also be delivered clearly.
- (viii) **Use of simple language:** Special attention should be given in using language in communication. Good communication always uses simple, direct and appropriate languages. So for better communication ambiguous and complex

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words, misleading non-verbal cues, technical words and jargon, poetic words should avoided.

- (ix) **Adequate preparation:** Adequate preparation should be taken while communicating through letter, report, memo and speech. Preparation will enhance the quality of the message.
- (x) **Attention:** Another important principle of communication is to pay attention to the message by both sender and receiver. This increases the accuracy of delivery by the sender and reception by the receiver.
- (xi) **Use of informal channels:** communication only through normal channels may reduce its effectiveness. Hence, informal channels should be used along with the formal ones.
- (xii) **Mutual feeling:** The parties involved in communication must have feeling for each other. This enhances their interest and attention toward the communication message.
- (xiii) **Self-confidence:** The communicator should have self-confidence to the communication message. Otherwise, he will not be successful in communication.
- (xiv) **Reasonability:** Communication should be based on logic and reason rather than assumption and intuition.
- (xv) **Following feedback process:** Communication should have the provision of feedback. In the absence of feedback, communication will be one-way and might be incomplete.

7.2.5 Types of Communication

Based on the types of senders and receivers involved, we can define various types of communications. If we take an example of communication between teams, you will see the higher amount of formal communication as compared to informal. On the other hand, when we consider personal communication and communication between the groups of personal friends, you will find these types of communication to be more informal in nature.

There are various types of communication used between people or between teams. These are discussed below in detail.

1) Verbal Communication

Verbal communication can also be called as oral communication. In very simple terms, any communication that happens orally between people is known as verbal communication. The objective of such communications is to ensure that people understand whatever you want to convey. Because of its very nature, verbal communications is more quick and precise than email communication. In the era of messaging via Whatsapp or using email, people still prefer personal meetings or phone calls (or face-to-face Skype calls) because they are effective and much

more convenient in conveying the message. Nowadays, verbal communication is an important aspect and is looked as a key strength in an individual.

A manager or an executive needs to have good verbal communication skills. A manager has to handle a team of people and he needs to be skilled to convince the team of people in acting like he wants them to. Executives meet many customers who are each different in terms of their understanding and talking skills. Thus, executives need excellent verbal communication skills. The higher up an organization you go, the better should be the verbal skills that you have. This is because you need to ensure that your speech is precise and to the point and does not leave any scope for any misunderstanding.

An M.D or a C.E.O may be giving a television interview which is being watched by 100's of stakeholders of the company. Their speech and verbal communication need to be precise so that they don't mess up or are not misunderstood. Even in tough times, the verbal communication skills of these leaders play a major part in consoling the crowd.

Nelson Mandela, Martin Luther King, John F Kennedy and Mahatma Gandhi are some of the great examples of the verbal type of communication.

2) Non-verbal / Interpersonal communication

How do you make people feel when you enter the room? Is your body language strong and are you standing straight and erect or are you slouched and tired? Are you clean shaven, looking your immaculate best for a team meeting or are you shabby with shirts that are not ironed? When you shake hands, do you do so strongly or do you just brush your hand against others?

The above were some examples of Non-verbal communications or interpersonal communications. One of the HR requirements for new joiners in an organization is for them to have good interpersonal skills. This basically means that the employees should brush up on their non-verbal skills. If you were in a sales meeting and you have not achieved your target, how will you react? Will you be steady and calm or will you panic and stutter? These are important non-verbal skills and your growth might depend on them.

A manager who panics and who is not good at non-verbal communication will generally not be a favourite with his team members. This is because his team members do not look up to him. A manager who stutters, who is not well dressed, who has the wrong body language or someone who is not a strong personality, will not gather a huge following behind him.

However, people with good personalities go a long way in motivating the employees below them. If an employee is demotivated, just keeping a hand on their shoulder and saying a few motivating words is enough for the employee. Taunting them or making faces when talking to them, ignoring them completely or imitating them will demotivate the employee even further. Thus, non-verbal skills play a major role in office culture.

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As employees grow into managers and as managers grow into leaders, they become better and better at a non-verbal type of communications. They know that their own calm headed behavior at times of panic is what will keep the team in check. Similarly, they don't let their teams get complacent when the going is good.

Here is an example of the non-verbal type of communications:

In Customer service, non-verbal and interpersonal skills play a huge role. Imagine you were unhappy with a product and you went to the customer service department. Instead of understanding your problem, the customer service executive gives a rude reply. Repeatedly you visit them and even though the problem is not resolved, you don't get a satisfactory answer. Compare that with a customer service department which smiles when you come in. They reassure you that they are on top of your problem. They are proactive and update you themselves on when to expect the problem to be resolved. Later on, they follow up whether you were satisfied with the response and if there was anything they could do further.

This smile, the body language of reassurance, the listening ability are all non-verbal type of communications. A good customer service executive will pay special attention to them and will ensure that you leave satisfied! Hiring good customer service executives, who have great interpersonal skills, is the sign of a good organization which is focused on customer satisfaction.

3) Written Communications

There are many ways that written communications can be used. The number of ways is ever increasing with the penetration of smartphones and the internet. One of the most common forms of written communications used till date is Email. But slowly, written type of communications is becoming more informal with Whatsapp and other online messaging apps being used regularly. All different forms of written communication can be formal or informal. If today, we visit a court of law, you will find that even Whatsapp messages are considered to be legal in nature. In fact, there have been so many cases of celebrities brought under the scanner because of wrong written communications on their social media account.

Thus, the above example is further proof that written communication needs to be used safely and effectively. In fact, written communication between friends can be informal but this type of communication between working professionals should always be formal so that any misquoted words are not misused with ill intent.

Advantages and disadvantages of written communication:

The advantage of written communication is that it acts as the final word once a decision has been taken. When you quote your prices to the customer, when you rank a dealer on top, when you promote an employee or when you launch a new product, you use written communication to communicate the update to your team and your employees. A problem with written communication is that it becomes too formal and might incite ego or various political problems when written

communication is used. Newspapers are perfect examples of written words which create controversy.

There is a very apt quotation “Words are mightier than swords”. A wrong email delivered in the wrong hands can cause the world to turn upside down. The many emails and documents released by Edward Snowden which brought the US government under the scanner, are perfect examples of how to use written documents safely and privately otherwise they can bring a whole organization tumbling down (whether justified or not is a different discussion)

4) Formal and Informal

There are two types of communication when considering the formality of the communication. One is the formal and official type of communication which can be emails, letterheads, memos, reports and other such kinds of written material. These are considered as documentary evidence and certain formality is associated with them. You cannot submit such formal documents and later deny them.

Informal communication is one where there is nothing official about the communication that is happening. It can be known as grapevine communication. There is no specific channel of informal communication because there is Social media, Whatsapp, SMS which are all vehicles of informal communication which can be used by people.

a. Advantages of formal communication:

1. When you want to finalize policy and want to decide a course to adopt, then formal communication is more effective
2. Formal communication can help in establishing procedures and ensuring that the steps are followed.
3. Any promises or any official plans need to be formally documented so that they can be referred to later.

b. Advantages of informal communication

1. Informal communication helps the “Open door policy” and makes people more confident and forthcoming with their ideas and creativity
2. Informal communication does not incite fear into people’s mind
3. Informal talks encourage people to share their problems.

The problem with formal communication is that it is not personal and a distance is maintained if you use only formal communications. Whereas on the other hand, informal conversations can get out of hand and there can be negative grapevine generated.

5) Visual Communication

One of the industries which most prominently uses visual communication is the medical industry. New medicines which come into the market have to be shown to doctors and the advantages have to be explained. At such times, the medical

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representatives carry informative pamphlets which are shown to the doctors and dropped with the doctors. These informative pamphlets have all the information about the medicine so that doctors can feel confident in suggesting the medicine to their patients. Similarly, many different industries are using visual communication to help interaction with their customers so that they can communicate their ideas better. Explainer videos as a concept is rising and is becoming as one of the best types of communication observed on websites. There are many elements in visual communication that can be used by marketers or companies.

- Colors (such as brand colors)
- Design (logo and brand design)
- Advertising
- Animations
- Illustrations
- Typography
- Presentations
- Video resumes

Visual communication plays a role in person to person communication too. Consider the diagrams made by teachers on blackboards when explaining a concept to a class of students. Or we can also take the example of graphs made in power points by managers when doing a power point presentation (PPT) to a team of executives or seniors.

To summarize, the types of communication most common are:

1. In teams

- Formal Communication
- Verbal Communication and Non-verbal communication
- Written communication
- Visual communication

2. In group of people

- Informal Communication
- Verbal and Non-verbal communication
- Informal written communications

7.2.6 Importance of Listening

- Listening is the ability to accurately receive and interpret messages in the communication process.
- Listening is key to all effective communication. Without the ability to listen effectively, messages are easily misunderstood. As a result, communication

breaks down and the sender of the message can easily become frustrated or irritated.

- If there is one communication skill you should aim to master, then listening is it.
- Listening is so important that many top employers provide listening skills training for their employees. This is not surprising when you consider that good listening skills can lead to better customer satisfaction, greater productivity with fewer mistakes, and increased sharing of information that in turn can lead to more creative and innovative work.
- Many successful leaders and entrepreneurs credit their success to effective listening skills. Richard Branson frequently quotes listening as one of the main factors behind the success of his Virgin Group.
- Effective listening is a skill that underpins all positive human relationships.
- Spend some time thinking about and developing your listening skills – they are the building blocks of success.
- Good listening skills also have benefits in our personal lives, including:
 - A greater number of friends and social networks, improved self-esteem and confidence, higher grades at school and in academic work, and even better health and general well-being.
- Studies have shown that, whereas speaking raises blood pressure, attentive listening can bring it down.
- Listening is not the same as hearing.
- Hearing refers to the sounds that enter your ears. It is a physical process that, provided you do not have any hearing problems, happens automatically.
- Listening, however, requires more than that: it requires focus and concentrated effort, both mental and sometimes physical as well.
- Listening means paying attention not only to the story, but how it is told, the use of language and voice, and how the other person uses his or her body. In other words, it means being aware of both verbal and non-verbal messages. Your ability to listen effectively depends on the degree to which you perceive and understand these messages.
- Listening is not a passive process. In fact, the listener can, and should, be at least as engaged in the process as the speaker. The phrase ‘active listening’ is used to describe this process of being fully involved.

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7.2.7 Observing and Feedback

These are the five top tips for improving lesson on observing and feedback.

1. Capture your lesson

Whether you’re being observed or observing someone else, video can be an objective tool for you both, allowing you to have a two way discussion rather than

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just a feedback session. Reviewing the video together means you can actively discuss, pause, rewind, fast-forward and allow your colleague to come to their own conclusions, making it more meaningful for you both.

2. Use exploratory questioning to improve lesson on observation and feedback

This type of questioning naturally opens up dialogue, giving you time to think and draw conclusions. For example, try saying: “What do you think you could do to tackle the problem of...” rather than “What you need to do is...”!

3. Relate back to previous objectives set

Always keep a clear focus in mind. Relate your discussion to the targets already set, if new topics arise; set these as development targets for your next session. Staying focused will allow you to give some ‘easy wins’; developing a feeling of immediate progression. Be clear in your own mind about why you are feeding back. What exactly do you want your colleague to achieve with what you are telling them?

4. Be patient

Give you and your colleague time to draw your own conclusions and then explore them together without cutting across one another. You will develop a stronger, more professional relationship.

5. Do it again!

Whether giving or receiving lesson on observation feedback, request you do it again and regularly. Only by continually discussing and breaking down what you saw can you understand progression and be able to embed what you have learnt.

Check Your Progress

1. What do you mean by communication?
2. List the various elements in communication process.
3. What is encoding?
4. How is communication skill an asset?
5. List some of the principles of communication.
6. What is verbal communication?
7. What do you mean by formal and informal communication?
8. Why is an effective listening an important skill?

7.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

*Case Work and
Communication*

1. To communicate is 'to share' or 'to participate'. Communication is giving, receiving or exchanging ideas, facts, opinions, information, signals or messages through appropriate media, enabling individuals or groups to persuade, to seek information, to give information or to express emotions. According to Theo Haiemann, "Communication is the process of passing information and understanding from one person to another. It is the process of imparting ideas and making oneself understood by others."
2. Major elements of communication process are: (i) sender/source (ii) ideas/messages (iii) encoding (iv) communication channel (v) receiver (vi) decoding, (vii) feedback and (viii) context.
3. Encoding is the process of assembling the message (information, ideas and thoughts) into a representative design with the objective of ensuring that the receiver can comprehend it. Communication is only established when it results in both the source and the receiver understanding the same information. People who are great communicators are great encoders; they know how to present their message in a way that their audience (receivers) can easily understand. They are also able to identify information that is superfluous, irrelevant or even accidentally offensive, and eliminate it in advance through anticipation.
4. Good communication skills are a prerequisite for professionals, in all walks of life. For example: Ineffective communication, rather than incompetence, precludes the doctor from conveying to the patient that the former has the best interests of the patient in mind. A teacher, who is able to communicate well with students, can inspire them to learn and participate in class. Good communication skills are an invaluable asset to a sales person also, since he/she is entrusted with the task of convincing the prospective buyer about the wisdom of investing in a product.
5. The followings are some of the guiding principles in ensuring effective communication:
 - i. Clarity: Clarity of message is an important principle of communication. In order to make the message clear to the receivers, the message should be organized by using simple language. The sender must convey the message clearly and confidently so that the receiver can easily understand the message clearly and confidently so that the receiver can easily understand the meaning of the message.
 - ii. Objective oriented: The language of communication should reflect the intention of the sender. Integration between the sender's intention and the language used in communication certainly improves the quality of

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the communication. Any controversy between them may distort the whole communication process.

- iii. Brevity: The message should be as brief as possible. Here brevity means compiling the message with limited words and sentences. If this principle is followed, both sender and receiver can save time and cost.
- iv. Completeness: In presenting information, principle of completeness should be followed. Communication becomes incomplete if partial information is presented. Therefore, the sender should give sufficient information so that the message is complete.
- v. Consistency: Every communication must be purposeful and should be related to a particular subject. Therefore, the message must be consistent and pertinent to the purpose of communication. Any message conflicting to the purpose will affect negative the communication process.

6. Verbal communication can also be called as oral communication. In very simple terms, any communication that happens orally between people is known as verbal communication. The objective of such communications is to ensure that people understand whatever you want to convey. Because of its very nature, verbal communications is more quick and precise than email communication. Nelson Mandela, Martin Luther King, John F Kennedy and Mahatma Gandhi are some of the great examples of the verbal type of communication.

7. There are two types of communication when considering the formality of the communication. One is the formal and official type of communication which can be emails, letterheads, memos, reports and other such kinds of written material. These are considered as documentary evidence and certain formality is associated with them. You cannot submit such formal documents and later deny them.

Informal communication is one where there is nothing official about the communication that is happening. There is no specific channel of informal communication because there is Social media, Whatsapp, SMS which are all vehicles of informal communication which can be used by people.

8. Listening is key to all effective communication. Without the ability to listen effectively, messages are easily misunderstood. As a result, communication breaks down and the sender of the message can easily become frustrated or irritated. If there is one communication skill you should aim to master, then listening is it.

7.4 SUMMARY

- Communication is giving, receiving or exchanging ideas, facts, opinions, information, signals or messages through appropriate media, enabling individuals or groups to persuade, to seek information, to give information or to express emotions. Experts have defined communication in various ways.
- The communication process is the steps we take in order to achieve a successful communication. The communication process consists of various elements. Major elements of communication process are: (1) sender/source (2) ideas/messages (3) encoding (4) communication channel (5) receiver (6) decoding, (7) feedback and (8) context.
- Whether in a marketing strategy, a client-server model, or just day-to-day conversation, communicating effectively is an amalgamation of art and science. In fact, when technology advanced rapidly through the turn of the 20th century, a new theoretical field, Communication Theory, was introduced alongside Information Theory.
- The person who intends to convey the message with the intention of passing information and ideas to others is known as sender or communicator or source. The source is the person (or thing) attempting to share information. The source can be a living or non-living entity.
- While the importance of verbal communication cannot be underestimated, one cannot do away or ignore written communication. A simple billboard, carrying a well written message, manages to hold our attention at a crossing. Authors have been mesmerizing voracious readers by the power of their words.
- There are several ways, through which a person, can enhance their communication skills. And people require these extra methods, to grow and improve their existing language. Some techniques are that, People can attend workshops, or they can read about the topic.
- Principles refer to the proven guidelines which are followed in performing jobs so as to attain predetermined objectives. Success of organizations largely depends on effective communication. For the purpose of effective communication, some principles or guidelines should be followed.
- Verbal communication can also be called as oral communication. In very simple terms, any communication that happens orally between people is known as verbal communication. The objective of such communications is to ensure that people understand whatever you want to convey.
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team members do not look up to him. A manager who stutters, who is not well dressed, who has the wrong body language or someone who is not a strong personality, will not gather a huge following behind him.

- The advantage of written communication is that it acts as the final word once a decision has been taken. When you quote your prices to the customer, when you rank a dealer on top, when you promote an employee or when you launch a new product, you use written communication to communicate the update to your team and your employees.
- Informal communication is one where there is nothing official about the communication that is happening. It can be known as grapevine communication. There is no specific channel of informal communication because there is Social media, Whatsapp, SMS which are all vehicles of informal communication which can be used by people.
- One of the industries which most prominently uses visual communication is the medical industry. New medicines which come into the market have to be shown to doctors and the advantages have to be explained. At such times, the medical representatives carry informative pamphlets which are shown to the doctors and dropped with the doctors.
- Visual communication plays a role in person to person communication too. Consider the diagrams made by teachers on blackboards when explaining a concept to a class of students. Or we can also take the example of graphs made in power points by managers when doing a power point presentation (PPT) to a team of executives or seniors.
- Listening is key to all effective communication. Without the ability to listen effectively, messages are easily misunderstood. As a result, communication breaks down and the sender of the message can easily become frustrated or irritated.
- Listening means paying attention not only to the story, but how it is told, the use of language and voice, and how the other person uses his or her body. In other words, it means being aware of both verbal and non-verbal messages. Your ability to listen effectively depends on the degree to which you perceive and understand these messages.
- Whether you're being observed or observing someone else, video can be an objective tool for you both, allowing you to have a two way discussion rather than just a feedback session. Reviewing the video together means you can actively discuss, pause, rewind, fast-forward and allow your colleague to come to their own conclusions, making it more meaningful for you both.

7.5 KEY WORDS

- **Informal Channel of Communication:** This is an unofficial and unstructured channel which is not prescribed by the organization but exists due to personal and social needs of people working in an organization.
- **Open Door Policy:** This is a communication policy in which a manager, CEO, MD, president or supervisor leaves their office door “open” in order to encourage openness and transparency with the employees of that company.

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7.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the importance of communication in an organization.
2. Write a brief about role of decoding in communication process.
3. Write in short note on the main advantages of written communication.
4. Write in brief about visual communication.
5. Write a brief note on the salient features of listening.

Long Answer Questions

1. Analyse the role of various elements in the communication process.
2. Discuss some of the ways to overcome communication barrier.
3. Analyse the contribution of non-verbal communication in day-to-day activities.
4. Discuss the various types of communication.
5. “Listening is not a passive process.” Justify this statement.

7.7 FURTHER READINGS

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BLOCK - IV
APPROACHES AND THEORIES TO PRACTICE,
RECORDING AND APPLICATION OF SOCIAL CASE
WORK

UNIT 8 APPROACHES AND
THEORIES TO PRACTICE

Structure

- 8.0 Introduction
- 8.1 Objectives
- 8.2 Psychosocial Approach
 - 8.2.1 Steps in Psychosocial Assessment
 - 8.2.2 Functional Approach
 - 8.2.3 Diagnostic Approach
 - 8.2.4 Problem-Solving Model
 - 8.2.5 Crisis Intervention: An Overview
 - 8.2.6 Behaviour Modification
 - 8.2.7 Family Therapy and Counselling in the Indian Context: Similarities and Differences
- 8.3 Answers to Check Your Progress Questions
- 8.4 Summary
- 8.5 Key Words
- 8.6 Self Assessment Questions and Exercises
- 8.7 Further Readings

8.0 INTRODUCTION

There are well-developed approaches and theories in social care settings to augment this helping professions. These are used by social case worker and care-giver in assessing problems faced by the clients. Psychosocial approach is used in a broad range of helping professions in health and social care settings as well as by medical and social science researchers. Psychosocial assessment considers several key areas related to psychological and social functioning and the availability of supports. A good psychosocial assessment leads to a good psychosocial intervention that aims to reduce complaints and improve functioning related to mental disorders and/or social problems. Functional approach is based on the personality theory of Otto Rank. After all, social casework is a method of helping people through special services given by social agencies in such way that the experience of using such services may be psychologically constructive.

In establishing a diagnostic conclusion each individual makes his/her own diagnosis of himself. Diagnosis is a way of engaging in a human relationship process, which frees the help seeker to determine his/her own goal for himself/herself. Problem-solving theory was propounded by Helen Harris Perlman in the book “*Social Case Work: A Problem Solving Process*”. This model stands firmly upon the recognition that life is an outgoing problem-encountering and problem-solving process. Lindemann’s grief work and the development of early crisis clinics are cited as important historical origins of crisis intervention. Ewing has defined crisis intervention as the informed and planful application of techniques derived from the established principles of crisis theory. Family therapy is based on the assumption that marital relationship system influences the family adjustment and therefore it is necessary to understand the nature of marriage. It is also true that the nature of the marital equilibrium affects all family members but its effect differs on each of the member.

This unit aims at analysing various approaches and theories and their application in social casework.

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8.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand various approaches and theories in social case work
- Enumerate the role of psychosocial approach
- Analyse the purpose and importance of functional approach
- Understand the nature and scope of diagnostic approach
- Enumerate problem-solving model in social case work
- Explain crisis intervention and behaviour modification
- Analyse family therapy and counselling in the Indian context

8.2 PSYCHOSOCIAL APPROACH

The psychosocial approach looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function. This approach is used in a broad range of helping professions in health and social care settings as well as by medical and social science researchers.

Psychosocial assessment considers several key areas related to psychological and social functioning and the availability of supports. It is a systematic inquiry that arises from the introduction of dynamic interaction; it is an ongoing process that continues throughout a treatment, and is characterized by the circularity of cause-effect/effect-cause. In assessment the clinician/health care professional identifies

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the problem with the client, takes stock of the resources that are available for dealing with it, and considers the ways in which it might be solved from an educated hypothesis formed by data collection. This hypothesis is tentative in nature and goes through a process of elimination, refinement, or reconstruction in the light of newly obtained data.

8.2.1 Steps in Psychosocial Assessment

There are five internal steps in assessment:

1. Data collection (relevant and current) of the problem presented.
2. Integrating collected facts with relevant theories.
3. Formulating a hypothesis (case theory) that gives the presented problem more clarity.
4. Hypothesis substantiation through exploration of the problem: life history of the client, etiology, personality, environment, stigmas, etc.
5. Further integration of newer facts identified in the treatment period and preparing a psychosocial report for psychosocial intervention.

Assessment includes psychiatric, psychological and social functioning, risks posed to the individual and others, problems required to address from any comorbidity, personal circumstances including family or other carers. Other factors are the person's housing, financial and occupational status, and physical needs. Assessments when categorized include particularly life history of the client such as data collection of living situation and finances, social history and supports, family history, coping skills, religious/cultural factors, trauma from systemic issues or abuse and medico-legal factors (assessment of the client's awareness of legal documents, surrogate decision-making, power of attorney and consent).

Components include the resource assessment of psycho-spiritual strengths; substance abuse; coping mechanisms, styles and patterns (individual, family level, workplace, and use of social support systems); sleeping pattern; needs and impacts of the problem etc. Advanced clinicians incorporate individual scales, batteries and testing instruments in their assessments. In the late 1980s, Hans Eysenck, in an issue of *Psychological Inquiry*, raised controversies on then assessment methods and it gave way to comprehensive Bio-Psycho-Social assessment. This theoretical model sees behavior as a function of biological factors, psychological issues and the social context. Qualified healthcare professionals conduct the physiological part of these assessments. This thrust on biology expands the field of approach for the client. Though the interaction of these disciplines in a domain were mental illnesses, these are physical, just as physical conditions have mental components. Likewise, the mental illness is both psychological and physical.

The clinician's comprehension, set of judgments about the client's situation, and the assessment through a theory of each case predict the intervention. Hence a good psychosocial assessment leads to a good psychosocial intervention that

aims to reduce complaints and improve functioning related to mental disorders and/or social problems (e.g., problems with personal relationships, work, or school) by addressing the different psychological and social factors influencing the individual. For example, a psychosocial intervention for an older adult client with a mental disorder might include psychotherapy and a referral to a psychiatrist while also addressing the caregiver's needs in an effort to reduce stress for the entire family system as a method of improving the client's quality of life. Treatment for psychosocial disorders in a medical model usually only involves using drugs and talk therapy.

8.2.2 Functional Approach

The functional approach to social casework practice was developed by the faculty members of the School of the University of Pennsylvania. This approach is based on the personality theory of Otto Rank. According to Functional School, social casework is a method of helping people through special services given by social agencies in such way that the experience of using such services may be psychologically constructive. Thus the functional school of social casework has two inseparable aspects:

1. Potentials for help to a person is inherent in the existence of service. In spite of the differences in the clients and ways of using of agencies services, the kind of service an agency gives and their purposes remain the same.
2. The use of agency service gives psychological experience that differs from the form of another kind of service regardless of the similarity of problem in the people using the two services.

8.2.3 Diagnostic Approach

The diagnosis is most effective intervention to the need for some specific service and is developed in the course of giving the service. This school does not recognize the significance of understanding the total situation of the client. Functional diagnosis recognizes that people cannot be categorized and a plan with a specific kind of service may deny potential growth and change. In establishing a diagnostic conclusion each individual makes his/her own diagnosis of himself. Diagnosis is a way of engaging in a human relationship process, which frees the help seeker to determine his/her own goal for himself/herself. The client is the centre for change and is capable of continuous growth and development

8.2.4 Problem-Solving Model

This theory was propounded by Helen Harris Perlman in the book "*Social Case Work: A Problem Solving Process*". This model stands firmly upon the recognition that life is an outgoing problem-encountering and problem-solving process. Every person is involved every time in coping with his/her problems. Sometimes he/she is capable of coping and sometimes fails to resolve the crisis situation. Through

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problem solving process individual or family is helped to cope with or resolve some difficulty that he/she is currently finding difficult to solve. Thus the primary goal of problem solving model is to help a person cope as effectively as possible with such problems in carrying social tasks. In the initial phase, the attempts are made to engage the client with his/her problems and to do something about it in a working relationship with the agency. The problem solving process starts at once, from the first movement with treating the person. The client is not treated for his/her problem but he is treated for the purpose of helping him/her to know himself/herself i.e strength and weaknesses and how to remove those weaknesses.

In short, the problem-solving casework process involves the following steps. These are:

1. It tries to release, energize and gives directions to the client's motivation for change.
2. It tries to release and exercise the client's mental, emotional and action capacities for coping with the problem.
3. It tries to find and make accessible to the client such aids and resources as are necessary to the solution of the problem.

8.2.5 Crisis Intervention: An Overview

Lindemann, Caplan and other theorists have provided a firm theoretical basis for what has come to be known as crisis intervention. However, as Ewing (1978) points out, for most part the architects of crisis theory have not explicitly spelled out specific modes of intervention, even though they have referred to them. Many of the techniques and principles of crisis intervention have developed through the efforts to meet more effectively the specific needs of particular populations. Butcher S. Telmacher & S. Maudal (1983) have discussed the historical origins of crisis intervention. The high incidence of traumatic neuroses in the World War II created a great need for expanded psychological services: as a result of it, new treatment approaches were developed to meet the needs of the soldiers who experienced stress related neuroses. The treatment was given to them in the Unit as soon as possible after the breakdown and its aim was mainly to relieve the symptoms.

Lindemann's grief work and the development of early crisis clinics are cited by Butcher et al. as other important historical origins of crisis intervention, as well the suicide prevention movement. As they point out, the successful management of suicide related crises was made possible by some innovative movement; these included the development of the telephone as a means of communicating with people who needed help, the initiation of 24 hours service, and the introduction of non-professional personal into the role of helpers.

Butcher et al., also cite the free clinic movement as being influential in the development of crisis intervention. Ewing (1978) has defined crisis intervention as the informed and planful application of techniques derived from the established

principles of crisis theory, by persons qualified through training and experience to understand these principles, with the intention of assisting individuals or families to modify personal characteristics such as feelings, attitudes and behaviors that are judged to be maladaptive or maladjustive. Hafer and Peterson (1982), in a less formal definition, refer to crisis intervention as the kind of psychological first aid that enables to help an individual or group experiencing a temporary loss of ability to cope with a problem or situation. Crisis intervention programs originated as an attempt to serve unmet treatment needs of individuals, but now they have come into their own as an important treatment alternative (Butcher *et al.*; 1983).

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Levels of Crisis Treatment

Jacobsen, S Trickler & Morley (1968) and Morley (1970) have discussed different levels of crisis treatment. These are:

- (a) Environmental manipulation: In this case the helper serves as a referral source, getting the client in touch with a resource person or facility.
- (b) General support: It consists basically of active listening in a non-threatening manner, allowing the person to speak in some detail about his problem without challenging him.
- (c) Generic manipulation: It is helping the person resolve a crisis by accomplishing certain psychological tasks that are the same for all the people experiencing the same crisis regardless of individual differences.
- (d) Individual approach. It focuses on the specific needs of the person in crisis and emphasizes the assessment of the psychological and psychosocial processes that are influencing the client. It looks at the specific psychological tasks and problem solving activities that each person must accomplish in resolving a particular crisis. These levels of intervention are not mutually exclusive although there is usually one that is predominantly used in the treatment process. Therefore, it is possible to use an environmental manipulation and at the same time use a generic or individual approach or other combinations.

8.2.6 Behaviour Modification

Behaviour modification theory is based upon the Principles of Learning and Conditioning propounded by Pavlov and Thorndike. The researches of B.F. Skinner helped to develop the behaviour modification approach further. The behaviouristic theory viewed problem essentially the result of a failure to learn necessary adaptive behaviours and competencies and/or the learning of ineffective and maladaptive behaviours. It may happen due to conflicting situations that require the individual to make discriminations or decisions of which he/she feels incapable. The maladjusted person has learned faulty coping patterns, which are being maintained by some kind of reinforcement, and he/she has failed to learn needed competencies for coping with the problem of living.

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A. Techniques of Behaviour Modification

The following techniques are used for behavior modification:

- i. **Simple Extinction:** In this technique, the reinforcement is removed to eliminate a maladaptive pattern of behaviour. This is especially helpful where maladaptive behaviour is being reinforced unknowingly by others. Through this technique, learned behaviour patterns are made weaker and disappear overtime.
- ii. **Systematic Desensitization:** It is a technique to deal with a wide variety of maladaptive emotional behaviours, particularly involving anxiety, irrational fears and phobias and other forms of dysfunctions i.e. neurotic tendencies.

B. Steps in systematic desensitization

There are five basic steps in systematic desensitization:

- (1) Assessment,
- (2) Construction of anxiety hierarchies,
- (3) Training in muscle relaxation,
- (4) Imaginary training, and
- (5) Implementation.

8.2.7 Family Therapy and Counselling in the Indian Context: Similarities and Differences

Family is a system which is composed of three sub-systems: marriage, parenthood and siblings. There are continuous interactions and transactions among these sub-systems. It is quite often observed that sometimes relations may not be harmonious and at that time outside help is required to bring the family on proper track. Family therapy is based on the assumption that marital relationship system influences the family adjustment and therefore it is necessary to understand the nature of marriage. It is also true that the nature of the marital equilibrium affects all family members but its effect differs on each of the member. The development of children are affected also by the nature of the marital equilibrium because they interject the parents as models and guides. Further each developmental phase in the family has stressful situation which requires new relationship. Family therapy is significant because whenever one member of a family is in trouble, all are in trouble. Communication in the family is the channel through which members of the family interact. Whenever there is problem in the family communication becomes faulty or dysfunctional. In family therapy, the diagnosis is confirmed on the basis of various types of interviews with the client and family. The social caseworker tries to know family structure, and the processes in the family responsibilities, roles patterns of daily living, role performance, role relationship, dependency, separateness,

independence level, capacity, tolerance and control of feelings, intimacy, anxiety, regression, taboo, etc. He/she records the family history and analyses its contents.

The social caseworker uses most of the techniques in one to one treatment, such as guidance, advice, education, suggestion, clarification, and interpretations. Self-Control/ Self-Management Therapy helps clients to help themselves is an old case work phrase. Self-control refers to the ability of individuals to change behavioural patterns that they or others perceive as harmful. The role of social caseworker in this process is to help the client to develop the knowledge about how, when and where to use strategies for change. The worker acts as an instigator and motivator to help the client to start the programme and have motivating force to complete it. A multi-step guide has been presented by Watson and Tharp to develop a self-control plan. These are as follows:

1. List a current dissatisfaction.
2. Select one particular problem of behaviour that occurs in a particular situation.
3. Describe the effect of problem on behaviour.
4. Be as precise as possible in stating the behaviour that occurs and the situation in which they occur.
5. Gather baseline data. Count every instance of target behaviour and keep a record of count.
6. Catalogue enforcements.
- 7) Answer three questions for each potential reinforcer:
 - (a) Is it a reinforcement or specially formed,
 - (b) Is it a strong reinforcer?
 - (c) Is it accessible?
8. List and attempt to verify through observation possible antecedents to problem behaviours.
9. Devise a plan for intervention for altering antecedents.
10. Identify the emotional components of the problem and plan for desensitization.
11. Select one of the plans that you have developed.
12. Continue to collect data on the problem behaviour.
13. Make a graph of the data to determine that the intervention plan is working.
14. If the plan is successful, consider termination of relationship.

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Check Your Progress

1. What is the psychosocial approach in social case work?
2. List internal steps in psychosocial assessment.
3. Which are the two inseparable aspects of functional approach?
4. What is the basis of problem-solving model?
5. How was crisis intervention developed?
6. List the levels of crisis treatment.
7. List some techniques of behaviour modification.
8. Why is family therapy significant?
9. How does a worker function in the family therapy programme?

8.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. The psychosocial approach is used in a broad range of helping professions in health and social care settings as well as by medical and social science researchers. Psychosocial assessment considers several key areas related to psychological and social functioning and the availability of supports. It is a systematic inquiry that arises from the introduction of dynamic interaction; it is an ongoing process that continues throughout a treatment, and is characterized by the circularity of cause-effect/effect-cause. .
2. There are five internal steps in assessment:
 - Data collection (relevant and current) of the problem presented.
 - Integrating collected facts with relevant theories.
 - Formulating a hypothesis (case theory) that gives the presented problem more clarity.
 - Hypothesis substantiation through exploration of the problem: life history of the client, etiology, personality, environment, stigmas, etc.
 - Further integration of newer facts identified in the treatment period and preparing a psychosocial report for psychosocial intervention.
3. The functional school of social casework has two inseparable aspects:
 - Potentials for help to a person is inherent in the existence of service. In spite of the differences in the clients and ways of using of agencies services, the kind of service an agency gives and their purposes remain the same.

- The use of agency service gives psychological experience that differs from the form of another kind of service regardless of the similarity of problem in the people using the two services.
4. The problem-solving model stands firmly upon the recognition that life is an outgoing problem-encountering and problem-solving process. Every person is involved every time in coping with his/her problems. Sometimes he/she is capable of coping and sometimes fails to resolve the crisis situation. Through problem solving process individual or family is helped to cope with or resolve some difficulty that he/she is currently finding difficult to solve.
 5. Lindemann, Caplan and other theorists have provided a firm theoretical basis for what has come to be known as crisis intervention. Lindemann's grief work and the development of early crisis clinics are cited as other important historical origins of crisis intervention, as well the suicide prevention movement. Ewing has defined crisis intervention as the informed and planful application of techniques derived from the established principles of crisis theory.
 6. Jacobsen, S Trickler & Morley have discussed different levels of crisis treatment. These are:
 - Environmental manipulation: In this case the helper serves as a referral source, getting the client in touch with a resource person or facility.
 - General support: It consists basically of active listening in a non-threatening manner, allowing the person to speak in some detail about his problem without challenging him.
 - Generic manipulation: It is helping the person resolve a crisis by accomplishing certain psychological tasks that are the same for all the people experiencing the same crisis regardless of individual differences.
 - Individual approach. It focuses on the specific needs of the person in crisis and emphasizes the assessment of the psychological and psychosocial processes that are influencing the client.
 7. The following techniques are used for behavior modification:
 - Simple Extinction: In this technique, the reinforcement is removed to eliminate a maladaptive pattern of behaviour. This is especially helpful where maladaptive behaviour is being reinforced unknowingly by others. Through this technique, learned behaviour patterns are made weaker and disappear overtime.
 - Systematic Desensitization: It is a technique to deal with a wide variety of maladaptive emotional behaviours, particularly involving anxiety, irrational fears and phobias and other forms of dysfunctions i.e. neurotic tendencies.

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8. Family therapy is based on the assumption that marital relationship system influences the family adjustment and therefore it is necessary to understand the nature of marriage. Family therapy is significant because whenever one member of a family is in trouble, all are in trouble. Communication in the family is the channel through which members of the family interact. Whenever there is problem in the family communication becomes faulty or dysfunctional. In family therapy, the diagnosis is confirmed on the basis of various types of interviews with the client and family.
9. The role of social caseworker in this process is to help the client to develop the knowledge about how, when and where to use strategies for change. The worker acts as an instigator and motivator to help the client to start the programme and have motivating force to complete it.

8.4 SUMMARY

- The psychosocial approach looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function.
- Psychosocial assessment considers several key areas related to psychological and social functioning and the availability of supports. It is a systematic inquiry that arises from the introduction of dynamic interaction; it is an ongoing process that continues throughout a treatment, and is characterized by the circularity of cause-effect/effect-cause.
- The clinician's comprehension, set of judgments about the client's situation, and the assessment through a theory of each case predict the intervention. Hence a good psychosocial assessment leads to a good psychosocial intervention that aims to reduce complaints and improve functioning related to mental disorders and/or social problems.
- According to Functional School, social casework is a method of helping people through special services given by social agencies in such way that the experience of using such services may be psychologically constructive.
- The diagnosis is most effective intervention to the need for some specific service and is developed in the course of giving the service. This school does not recognize the significance of understanding the total situation of the client.
- The problem solving process starts at once, from the first movement with treating the person. The client is not treated for his/her problem but he is treated for the purpose of helping him/her to know himself/herself i.e strength and weaknesses and how to remove those weaknesses.
- Lindemann's grief work and the development of early crisis clinics are cited by Butcher et al. as other important historical origins of crisis intervention, as well the suicide prevention movement.

- Crisis intervention programs originated as an attempt to serve unmet treatment needs of individuals, but now they have come into their own as an important treatment alternative.
- Behaviour modification theory is based upon the principles of learning and conditioning propounded by Pavlov and Thorndike. The researches of B.F. Skinner helped to develop the behaviour modification approach further.
- Family therapy is based on the assumption that marital relationship system influences the family adjustment and therefore it is necessary to understand the nature of marriage. It is also true that the nature of the marital equilibrium affects all family members but its effect differs on each of the member.
- Whenever there is problem in the family communication becomes faulty or dysfunctional. In family therapy, the diagnosis is confirmed on the basis of various types of interviews with the client and family.
- The role of social caseworker in this process is to help the client to develop the knowledge about how, when and where to use strategies for change. The worker acts as an instigator and motivator to help the client to start the programme and have motivating force to complete it.

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8.5 KEY WORDS

- **Desensitization:** In psychology, desensitization is defined as the diminished emotional responsiveness to a negative, aversive or positive stimulus after repeated exposure to it.
- **Self-Management Therapy:** This is a behavioral therapy that is based on Kanfer's model of self-control. This model characterizes depression as involving selective attention to negative events and immediate consequences of events.

8.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the evolution of the psychosocial approach.
2. Write a brief note on the functional approach to social casework practice.
3. Write in short about the role of diagnostic approach in social casework practice.
4. Write in brief about the significance of crisis intervention in social casework.
5. Write in short on behaviour modification theory.
6. Write in brief about diagnosis through family therapy in social casework practice.

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Long Answer Questions

1. Analyse the contribution of psychosocial assessment in healthcare for social case work practices.
2. Discuss the efficacy of problem-solving model in addressing the crisis of individuals and families.
3. Analyse the various levels of crisis treatment in social casework practice.
4. Discuss in detail the role of family therapy and counselling in the Indian context.

8.7 FURTHER READINGS

Hollis, Florence. 1964. *Casework: A Psychological Therapy*. New York: Random House.

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UNIT 9 RECORDING IN CASE WORK

Recording in Case Work

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Structure

- 9.0 Introduction
- 9.1 Objectives
- 9.2 Recording in Case Work: Meaning, Sources, And Uses Types
 - 9.2.1 Types of Recording
 - 9.2.2 Principles, Needs and Importance of Recording
- 9.3 Answers to Check Your Progress Questions
- 9.4 Summary
- 9.5 Key Words
- 9.6 Self Assessment Questions and Exercises
- 9.7 Further Readings

9.0 INTRODUCTION

Recording is an integral part of social casework practice. It aids and helps caseworker in stimulating planning and strategy about the client. Recording helps in developing the skills required for providing effective help to the client. For caseworker, it enables him/her to develop a logical way of thinking about problems which the client might be facing. Proper handling of records also indicate that social work practices are being done properly. For caseworker, it is essential that interviews and details should be recorded in a way that recalls the particular client with all his/her individual differences. The records serve various purposes. Records provide an ongoing picture of the nature of social work involvement with the client, progress in achieving social work goals and outcome. The quality and quantity of services being provided could be known by reviewing written records that present a picture of social work activity.

Recordings provide factual data and observations which could lead to more in-depth diagnostic assessment and treatment planning. It is also means to communicate social diagnostic information and recommendations for consideration by other professionals who may be involved with the client in a team approach to treatment.

There are various types of recording. Process recording gives an idea to the supervisor if the case worker has used his knowledge of human behaviour and social situations, if his reactions to the client's verbal and non-verbal communications are appropriate and if planning for future is consistent with the presenting situation.

This unit aims at analysing the purpose, needs and significance of recording in social case practice.

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9.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the importance of recording in social work
- Enumerate the purpose of recording in social work
- Analyse recording as a tool of teaching and research
- Understand the types of recording in social work

9.2 RECORDING IN CASE WORK: MEANING, SOURCES, AND USES TYPES

Recording has always been given considerable importance in social work. It is because the case worker has to know many clients intimately and it is essential that interviews and details should be recorded in a way that recalls the particular client with all his/her individual differences. The records serve various purposes and some of them are as follows:

- Documentation of social work activity: Case records provide an ongoing picture of the nature of social work involvement with the client, progress in achieving social work goals and outcome.
- Continuity of Service: when a client contacts the social work agency, The service is provided by the entire setting. In case an individual staff member is not available the agency must be able to pick up where he or she left up. This would be possible with the help of record only.
- Quality control: The quality and quantity of services being provided could be known by reviewing written records that present a picture of social work activity. Record review is also a means of assessing the kind and quality of services being provided by the caseworker. It identifies the areas of strength and weaknesses where staff needs in service training to upgrade their skills.
- Statistical reporting: Case records are periodically used by social work agencies as sources of data to justify agency's activities, to seek and maintain funding, to substantiate the need for additional staff or to do programme planning.
- Organizing the worker's thought: Recordings provide factual data and observations which could lead to more in-depth diagnostic assessment and treatment planning.
- Inter-disciplinary Communication: Recording is means to communicate social diagnostic information and recommendations for consideration by other professionals who may be involved with the client in a team approach to treatment.

- Teaching and research: Properly maintained case records could be a mechanism for mutual assessment of practice skills and the teaching of new techniques. Case records contain a wealth of information for the professional researcher seeking to gather data on various categories of clients, problems faced by them.
- A therapeutic tool: Recording can be used as a therapeutic tool with the client to help him to respond to treatment.

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9.2.1 Types Of Recording

Records can be written in different ways. These are:

1. Process recording
2. Narrative recording
3. Role recording
4. Summary recording and
5. Abstract.
6. Problem oriented Record
7. People oriented Record

1. Process recording

Process is continuous development involving many changes. It is a series of actions, changes or functions that bring about an end result. Process recording tries to record these development and actions. These developments are directly or meaningfully related to understanding of the person in situation and the intervention process. It is selective in its recording. Interactions, which have direct bearing or meaning for intervention are recorded and the rest of the details of interactions are discarded. The focus is not on the development of the events as such but on the development related to understanding of and intervening in the person's psycho social life. In process recording the process of helping is recorded which includes the relevant conversations, observations and reaction of the worker in the developmental sequence.

It gives an idea to the supervisor if the case worker has used his knowledge of human behaviour and social situations, if his reactions to the client's verbal and non-verbal communications are appropriate and if planning for future is consistent with the presenting situation. The usefulness of the process recording depends to a considerable extent to the ability of the worker to recall exactly what had happened, and in what order and to look at the facts in an objective manner in order to get at underlying feelings and meanings. Process recording is time consuming, so should be used carefully.

2. Narrative recording

In narrative recording, everything that has happened is recorded as it has happened whether it is positive or negative. It consists of all the statements, observations and

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comments of the worker. It is the narration of all the happenings and detailed accounts of all the events which go in the narrative recording. The attempt of narrative recording is to reproduce all the situations.

3. Role recording

It is the refined version of process recording. It is highly selective in its approach and focuses on the role of the case worker in his interaction with client from time to time.

4. Summary recording

Summary records are short and easy to use when considering the total service process. It tries to summarize the main events and avoid the details of all events. It includes entry data, social history, a plan of action, periodic summaries of significant information, action taken by the worker and a statement of what was accomplished as the case gets closed. Summary recordings save time and labour when process recording comparatively is very time consuming.

5. Abstract

It is the basic ideas of the case or action plan and does not provide the detail information. So it is a condensed form of summary recording.

6. Problem-Oriented Recording (POR)

It is a method of recordkeeping that often has been used in hospitals and medical programs and is now used by many social agencies, as well. POR has a number of advantages:

- It permits the worker, agency supervisor, outside consultants, or researchers to review the way in which a particular problem was approached by the worker or agency.
- It displays the interrelatedness of problems experienced by a client, yet it permits focused attention on each specific problem.
- It promotes case coordination and teamwork because it facilitates interprofessional communication and clarity of direction.
- It provides continuity of professional attention on specific problems, even when there is personnel turnover in the agency.
- It provides a mechanism for follow-up and the monitoring of progress toward problem resolution. A review of a problem-oriented record will quickly reveal inaction or actions unrelated to the client's problem.
- It encourages concise recording. Because specific problems are kept in focus, irrelevant information is kept out of the record.

POR consists of four components, which are related to the basic steps of the problem-solving process: (1) establishment of a database; (2) listing of specific problems, each of which is assigned an identifying number; (3) development of an action plan to address each problem; and (4) implementation of the plan.

7. People Oriented Records

Recording in Case Work

A record of a particular individual chronicling his or her medical or psychological history is a people oriented record.

9.2.2 Principles, Needs and Importance of Recording

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How social case workers wish, especially in the initial stages of practice that there were some fixed rules and perfect procedures, which could guide them in writing case records. However there is no such thing as an ideal or model record. Record is a flexible instrument, which should be adapted to the needs of the case.

Each case is different, the conditions of work hold marked differences and the recording therefore, rests not on following an outline, but in the mastery of certain component processes. Given below, are the attributes one looks for in a good case records whereby we can judge it to its merits. They can be termed as principles of casework recording as they serve as guidelines for writing records.

- 1) Accuracy, objectivity, simplicity, clarity and brevity should be observed in writing records.
- 2) Facts and their interpretation should be distinguished as it leads to objectivity. Inferences should be drawn in an impartial manner without attempting to influence the judgment of the reader (e.g., frequent fights between the husband and wife might lead the caseworker to interpret that she dislikes or hates her husband).
- 3) Record must be orderly in its arrangement and it is not possible unless the writer has thought out in advance what should be included and then has set out the material in a logical sequence.
- 4) A long record is not necessarily a good record. Records should neither be too long nor too short.
- 5) The casework records are not meant to be literary masterpieces, therefore they should be written in simple language and simple style.
- 6) A telling verbatim quote can sometimes depict a situation much better than a narrative description, therefore, wherever possible reaction of the clients should be recorded in their own words.
- 7) There should be certain degree of uniformity and standardization as to the form of observation.
- 8) A record should have readability and visibility and should contain a clear and concise presentation of the material. (E.g. content can be organised under topical heading such as interviews, home visits, contact with collaterals. Letters, medical reports, etc., filed at appropriate place.)
- 9) To maintain clarity and accuracy avoid using words which are vague, ambiguous and likely to be misinterpreted by the readers. (e.g. "middle aged, perhaps etc.) Note taking as far as possible should be done immediately after the interview is over. If done during the course of interview it may not

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only hamper the full participation of caseworker in the process but may make the client feel that she is not getting the full attention of the caseworker.

- 10) It should always be made clear who are involved in the situation, which is addressing whom and what are the sources of information.
- 11) The details of every significant subject or situation should be given.
- 12) One should not record the self-evident, the insignificant, the familiar, and the repetitive.
- 13) Any record should show clearly the nature of the problem presented or the request made; what the worker thinks about the situation; what the worker and client know about it; what relevant family group and community factors are involved; what the change or movement of outcome are.

Need and Importance

The importance of good quality recording, at every stage of social work practice and service delivery, cannot be overstated. Every inquiry into major instances of failure to protect a child has pointed to communication and recording defects as a major factor. Accurate, accessible and detailed recording is not only essential in Child Protection cases; it is a vital tool for ensuring accuracy of information, clarity of goals, accountability, and continuity in all social work with all service user groups. Of course, it can achieve none of these aims if it is never read, and so in the first place it must be legible.

Check Your Progress

1. Why has recording been given importance in social work?
2. List some of purposes of recording.
3. What is narrative recording?

9.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. Recording has always been given considerable importance in social work. It is because the case worker has to know many clients intimately and it is essential that interviews and details should be recorded in a way that recalls the particular client with all his/her individual differences.
2. Some of purposes of recording are as follows:
 - Documentation of social work activity: Case records provide an ongoing picture of the nature of social work involvement with the client, progress in achieving social work goals and outcome.

- Continuity of Service: When a client contacts the social work agency, the service is provided by the entire setting.
 - Quality control: The quality and quantity of services being provided could be known by reviewing written records that present a picture of social work activity. Record review is also a means of assessing the kind and quality of services being provided.
 - Statistical reporting: Case records are periodically used by social work agencies as sources of data to justify agency's activities.
 - Organizing the worker's thought: Recordings provide factual data and observations which could lead to more in-depth diagnostic assessment and treatment planning.
3. In narrative recording, everything that has happened is recorded as it has happened whether it is positive or negative. It consists of all the statements, observations and comments of the worker. It is the narration of all the happenings and detailed accounts of all the events.

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9.4 SUMMARY

- Recording has always been given considerable importance in social work. It is because the case worker has to know many clients intimately and it is essential that interviews and details should be recorded in a way that recalls the particular client with all his/her individual differences.
- Process recording tries to record these development and actions. These developments are directly or meaningfully related to understanding of the person in situation and the intervention process.
- In narrative recording, everything that has happened is recorded as it has happened whether it is positive or negative. It consists of all the statements, observations and comments of the worker.
- Role recording is the refined version of process recording. It is highly selective in its approach and focuses on the role of the case worker in his interaction with client from time to time.
- Summary record includes entry data, social history, a plan of action, periodic summaries of significant information, action taken by the worker and a statement of what was accomplished as the case gets closed.

9.5 KEY WORDS

- **Therapeutic:** The branch of medicine concerned with the treatment of disease and the action of remedial agents.

9.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

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Short Answer Questions

1. Write in short about the practice of recording in social case work.
2. Write in brief on the usage of process recording in social case work.
3. Write in short about the importance of summary recording.

Long Answer Questions

1. Discuss various purposes of recording in social case work.
2. Analyse the various ways in which records can be written.

9.7 FURTHER READINGS

Hollis, Florence. 1964. *Casework: A Psychological Therapy*. New York: Random House.

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UNIT 10 APPLICATION OF SOCIAL CASE WORK

*Application of Social
Case Work*

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Structure

- 10.0 Introduction
- 10.1 Objectives
- 10.2 Different Settings and Clientele Groups
 - 10.2.1 Institutions Providing Mental Health Care
 - 10.2.2 Working with the Chronically/Terminally-Ill
 - 10.2.3 Schools
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10.0 INTRODUCTION

As mandated by social casework practices, case worker often works in different settings to address the problems affecting their clients. He/she becomes a member of the team comprising professionals like psychiatrists, psychologists and occupational therapists who work in various organizations like hospitals, child home, old-age homes, etc. While working with the terminally-ill patients, the first dilemma the worker faces is to inform the patient and his family in relation to the illness. One of the important tasks of caseworker is to provide support, both emotional and material, to the patient/ family.

School offers an excellent opportunity to caseworkers for offering preventive interventions beside remedial service. Through anticipating the demands and stresses of a scrupulous age group, appropriate interventions may be planned so as to avoid unnecessary emotional turmoil. The worker can easily demonstrate the vital contribution of professional social work to fulfilment of educational goals of schools. In Children's Home, caseworker is expected to give care, liaison with schools where the children go for education, help children develop positive relationships within the institution, and prepare for life after their stay in the Home. In correctional institutions, social casework aims at correcting attitudes and feelings through modifying the clients' immediate environment, working with their families and maintaining a supportive professional relationship with them.

In de-addiction and detoxification centres, as a social worker, it's important to be aware of the potential for substance abuse in any client who seeks help. For

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example, a client may seek help for depression but conceal an underlying alcohol or substance abuse addiction.

This unit aims at analysing the application of social case work in different settings and clientele groups.

10.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the application of social case work
- Enumerate the different settings for application of case work
- Analyse institutions and hospital providing mental health care
- Understand the working with schools, child homes, correctional homes, etc.
- Enumerate application of social case work in de-addiction and detoxification centres
- Explain the application of social case work in community-based rehabilitation.

10.2 DIFFERENT SETTINGS AND CLIENTELE GROUPS

Let us discuss the different settings and clientele groups of case work.

10.2.1 Institutions Providing Mental Health Care

The caseworker works as a member of the team of professionals including psychiatrists, psychologists and occupational therapists. Psychiatrists are the main professional group in charge of care and treatment of the mentally-ill or emotionally disturbed persons. The patients may be attending OPDs, day care, or may be hospitalized. The main tasks of the caseworker are to get in touch with the family of the patient; mediate with the doctors and the patient/family, give counselling to the patient, assist in discharge and after care of the patient. The worker provides the necessary support to the family and helps the other family members understand the needs of the mentally-ill person.

10.2.2 Working with the Chronically/Terminally-Ill

The patients who are suffering from chronic illness like diabetes, asthma, and heart disease, need help in understanding their illness and treatment, and adjusting their life-styles imposed by adverse condition. The families of the patients also need support and guidance in dealing with the patient's condition that may have long-term implications for the whole family. In some cases, especially those belonging to lower income groups, the financial burden may need to be eased out by identifying and mobilizing in the kinship network or community at large. While

working with the terminally-ill patients, the first task the worker faces is to inform the patient and his family about the illness. The patients suffering from a terminal illness, like cancer and AIDS, have additional stress factor – the thought of impending death and anxiety in the family after their death.

The tasks of the caseworker contain:

- (a) Ensuring palliative care to reduce pain and discomfort,
- (b) Talking to family and nearest kin in case of patient's death,
- (c) Involving the family in planning after his/her death,
- (d) Providing accessibility to family members
- (e) Providing support—emotional and material—to the patient/ family.

In the case of AIDS, the caseworker will need to tackle the issue of stigma attached with AIDS and the possibility of infection getting passed on to the other family members.

10.2.3 Schools

Schools are institutions for formal education, with a fixed routine, set syllabus, and a well-recognized pattern of teaching and learning. Teachers are the main professional group and they spend the maximum time with students. Schools vary in size—from small single teacher schools in the villages and tribal areas to large bureaucratic organisations with thousands of students. Schools may offer primary, middle, secondary or senior secondary education. Again, some may be Government schools/aided through the Govt. or fully private self-governing schools. Despite child-centred educational philosophy, schools are characterized by emphasis on syllabus (information content), formal examination system for evaluating achievements and formal teacher- child relationships. In this context, the child very often is not able to get his vital human and educational needs fulfilled. This situation proves to be stressful to the child. Due to preoccupation with syllabus and maintaining discipline, teachers are unable to individualize the child's situation. Hence, there is recognition of need for individualized Social Casework Service to help the child.

School offers an excellent opportunity to caseworkers for offering preventive interventions beside remedial service. Transition of the child from entry to passing out from school coincides with the child's own development phase. While anticipating the demands of this age-group, appropriate interventions may be planned so as to avoid unnecessary emotional turmoil.

Through helping in the development of personality, life and social skills, the social caseworker can achieve the status of a partner in the educational procedure. Despite its being a secondary setting of social casework practice, the worker can easily demonstrate the vital contribution of professional social work to fulfilment of educational goals of schools. The social caseworker works as a liaison with the family and the teacher. He/she acts as a mediator, enabler, teacher (giving necessary information), advocate (to highlight the negative impact of school norms and

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practices on the child), change-agent for the school's systems and procedures, and as a consultant for the staff of the school in matters concerning children's needs and well-being.

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10.2.4 Residential Institutions

There are situations when individuals have to be removed from their natural environments and placed in residential institutions. Some of the institutions where social casework is practiced are as follows:

- 1. Children's Homes:** Children, who are destitute, orphans, or have run away from home and cannot be sent back home, those who are violent, and risk to health (e.g., healthy children of leprosy patients) or danger, are usually placed in children's homes. Homes operate under the provisions of Juvenile Justice Act and, so, give custodial care. Children are committed for specific periods. Sometimes, there is a feeling among inmates that they are under detention. Only in a small number of cases, adoption and foster care services are or can be offered. Homes, run through the government or voluntary organisations, are expected to give custody and care to the children. Social worker is an important professional here. Living arrangements in such homes may be of dormitory or cottage kinds. Social caseworker is expected to help each inmate adjust to the life within the Home and achieve psychosocial development. As the children have often gone through traumatic experiences before they are placed in Homes, it is very significant for them to come to terms with their life. The worker is expected to give care, liaison with schools where the children go for education, help children develop positive relationships within the institution, and prepare for life after their stay in the Home.
- 2. Correctional Institutions:** These are homes/ special schools for the delinquent, prisons, remand/observation homes, beggar homes, etc. The main task of the social caseworker is to help those in disagreement with law by enabling them to understand themselves and their relationship with others. They need to understand what is expected of them as members of society. The aim is to rehabilitate these persons – to help them in such a manner that they can engage in socially constructive activities once they go back to their homes. The worker helps the clients change /transform their values (so that they are in row with the social values); change their behaviour and response patterns. The residents of these institutions often have a feeling of hostility towards society or they suffer from a sense of inferiority and inadequacy. Social casework aims at correcting these attitudes and feelings in the clients' immediate environment, working with their families and maintaining a supportive professional relationship with them. The caseworker works as a member of a team of professionals like, probation and parole officers, psychologists, psychiatrists, and vocational counsellors and educators.

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3. Homes for the Aged: The number of old age homes has been rising in cities. The constraints and apathy of urban living have often led to adult children opting to send their aging parents or relatives to residential institutions. The residents in these homes need nursing care, understanding and emotional support. The caseworkers in these institutions help the residents cope with loss of the loved ones, illness, lack of energy, loneliness, loss of economic independence and the thought of approaching death. The caseworker enables the client to uphold his/her self-esteem. He/she also helps the family deal with suppressed or open feelings of guilt so as to encourage them to engage in a cordial relation with the client.

4. Residential institutions for women : Short stay homes, rescue homes, *nari niketans*, widow homes, etc. are some of the settings where casework practice takes place. Most of the inmates are those women who are destitute, abandoned or battered by their husbands; widows with no relative to provide them support, and victims of crimes including prostitution or kidnapping. These residents need to build their skills – vocational and social – to become capable of taking care of their lives. The caseworkers try to bring in the conciliation between the client and her family (if any). If there is a dispute in marriage, pre-marital counselling is provided by organisations. There are residential and non-residential organisations offering variety of services to the differently-abled.

The main task of the caseworker is to fulfil the objectives of the organizations such as:

- (a) Care;
 - (b) Rehabilitation -- vocational training, education (depending upon their capability), employment;
 - (c) Offering services according to governmental provisions and special concessions;
 - (d) Advocacy to reduce or remove social discrimination against the differently abled; and
 - (e) Facilitating the client's acceptance and understanding of his/her situation and also recognition of his/her potential. Giving support to the client – both emotional and action oriented – is an significant intervention offered through the caseworker. The caseworker also works with the family to help them cope with the situation, to understand the needs of the client, and learn to take care of the client when he or she is at home. The worker very often acts as a broker, linking the client and/or his/her family with the community and networks of other organisations working in this area.
- 5. Organisations Working with Victims of Disasters:** There is rising recognition of the need for individualized help for the victims of disasters –

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whether natural or man-made. Victims of natural calamities are victims of floods, earthquakes, and drought. Then there are victims of man-made disasters such as communal violence (riots), serious accidents, mega projects of development, etc. Some of the common experiences of the victims of disasters are trauma; loss of loved ones; loss of livelihood or assets; homelessness; feeling of helplessness; feeling of anguish or hostility (desire for revenge); loss of community feeling; despair and a sense of fatality or sometimes high/unrealistic expectations from the worker. Despite this commonness, the clients need individualized care to overcome debilitating impact of the crisis.

Large-scale displacements due to mega projects like dams lead to erosion of community and family life, absence of usual social control mechanisms, the erosion of the social fabric, and loss of livelihoods beside the troubles of settling down in alien environments. Working with these persons is a big challenge for the caseworker. It is not easy to win their trust as they have lost confidence in everyone near them. Very often, winning their trust is the first vital step towards taking them out of the traumatic experience. Besides offering them emotional support, the worker needs to build in them hope for a secure future. The worker enhances the client's confidence by coordinating with several agencies—both governmental and voluntary. Timely intervention and accessible service helps them mitigate their suffering. The clients are assisted to cope with their experiences rationally rather than emotionally. But, this can be done only after they have emerged from their trauma. Engaging the client in the planning and implementation of the action plan facilitates the client's rehabilitation and recovery from despair.

6. Organisations Working with Women: Social caseworkers are employed in family counselling centres, women cells, legal aid cells, family courts and women resource centres. The aim of the professional interventions is to make women empowered, confident, and self-governing and also utilizes accessible legal provisions and safeguards for their protection. There are rising number of cases of rape victims. The worker has to help when they or their families have to deal with police, courts, hospitals, schools, and agencies working for rehabilitation of these victims. Special techniques are used to help the victim come out from trauma, and restore her self-confidence and self-esteem. The family also needs understanding and support of the worker in dealing with this situation. The sensitivity towards the discrimination women face in families and society is vital in arriving at accurate assessment of the condition under study.

10.2.5 De-addiction and Detoxification Centres

Substance abuse is a growing problem around the world. In 2010, an estimated 22.6 million Americans aged 12 or older were using illicit drugs, according to the U.S. Department of Health and Human Services. Substance abuse can be one of

the most difficult problems to detect, as clients are often ashamed of this addiction or secretive about their drug use. As a social worker, it's important to be aware of the potential for substance abuse in any client who seeks help. For example, a client may seek help for depression but conceal an underlying alcohol or substance abuse addiction.

A. Identification and Assessment

Social workers are trained to identify and assess the needs of their clients. One of the initial tasks of a social worker in a school, hospital, mental health clinic or private practice is to perform a comprehensive assessment on a client, taking into account potential substance and alcohol abuse issues, even if the client does not self-report the problem. As a social worker, you assess substance abuse problems in both voluntary (self-referred) and involuntary (mandated) in clients. According to the National Association of Social Workers, you will work with your clients to “complete a comprehensive assessment toward the development of a service plan for recommended placement into an appropriate treatment program.” You may not be required to provide direct care, but you are required to recognize the warning signs and suggest a course of treatment to your client during or directly after your assessment.

B. Direct Treatment

Social workers act as substance abuse counsellors in a variety of settings, including hospitals, drug treatment facilities and mental health clinics. Although all graduate social work programs include substance abuse education, many social workers decide to continue their studies to obtain a certification in alcohol and substance abuse counselling, especially if they wish to work specifically in this field. They provide identification and assessment services and also work directly with clients suffering from substance abuse disorders, such as providing individual and group counselling, collecting urine samples if there is a substance abuse facility or linking the client with other services, such as food and housing.

C. Education/Outreach

Social workers also act as substance abuse educators in a variety of settings, such as schools, community outreach centres and shelters. For example, they give presentations on substance abuse prevention at a school as they are working in a community organization that provides this service. As a social worker, you have to reach out to at-risk individuals on the street, in community organizations or at recreation centres. You may help them connect with treatment centres or assist them with obtaining basic needs like food and shelter.

D. Research

Social workers often participate in academic research on the university level. They also participate in substance abuse prevention research, helping it with the empirically-validated intervention and treatment strategies. According to the Social Work Policy Institute, social work researchers have conducted substance abuse

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research in recent years with support from a variety of governmental agencies, including the Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health.

10.2.6 Hospitals

Doctors are the main professional groups in the hospital and they are responsible for medical care of the patients. The recognition of psychosocial and cultural dimensions of illness and hospitalization has enabled the services of trained social workers in the hospitals. Social Casework is utilized in the OPDs (outpatient departments), the Wards, and Special Clinics. The heavy work load of doctors in large Govt. hospitals usually leads to lack of clear communication by the medical staff and the patients and their families. In such a scenario, the main roles expected of social workers are those of mediator, enabler, coordinator of services, case manager, mobilizer of family, community and hospital, acting as a member of the team of professionals. Working with the patient and his/her family is a major task of the social worker. So, social casework is a primary method in medical social work practice.

Check Your Progress

1. What should be the response of a caseworker while working with terminally-ill patients?
2. List the tasks of the caseworker in case of chronically/terminally-ill patients.
3. How does a caseworker handle a child's problem in school?
4. How is social case work practiced in children's homes?
5. How does a caseworker perform his/her task in de-addiction centres?
6. How is the service of casework used in hospitals?

10.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. The patients who are suffering from chronic illness like diabetes, asthma, and heart disease, need help in understanding their illness and treatment, and adjusting their life-styles imposed by adverse condition. The families of the patients also need support and guidance in dealing with the patient's condition that may have long-term implications for the whole family. In some cases, especially those belonging to lower income groups, the financial burden may need to be eased out by identifying and mobilizing in the kinship network or community at large. While working with the terminally-ill patients,

the first task the worker faces is to inform the patient and his family about the illness. The patients suffering from a terminal illness, like cancer and AIDS, have additional stress factor – the thought of impending death and anxiety in the family after their death.

2. The tasks of the caseworker contain:

- (a) Ensuring palliative care to reduce pain and discomfort,
- (b) Talking to family and nearest kin in case of patient's death,
- (c) Involving the family in planning after his/her death,
- (d) Providing accessibility to family members
- (e) Providing support, both emotional and material to the patient/ family.

In the case of AIDS, the caseworker will need to tackle the issue of stigma attached with this disease and the possibility of infection getting passed on to the other family members.

3. School offers an excellent opportunity to caseworkers for offering preventive interventions beside remedial service. Transition of the child from entry to passing out from school coincides with the child's own development phase. Through anticipating the demands of this age-group, appropriate interventions may be planned so as to avoid unnecessary emotional turmoil.
4. As the children have often gone through traumatic experiences before they are placed in homes, it is very significant for them to come to terms with their life. The worker is expected to give care, liaison with schools where the children go for education, help children develop positive relationships within the institution, and prepare for life after their stay in the Home.
5. As a social worker, it's important to be aware of the potential for substance abuse in any client who seeks help. For example, a client may seek help for depression but conceal an underlying alcohol or substance abuse addiction.
6. Hospitals usually display lack of clear communication by the medical staff and the patients and their families. In such a scenario, the main roles expected of social workers are those of mediator, enabler and coordinator of services. Working with the patient and his/her family is a major task of the social worker.

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10.4 SUMMARY

- The main tasks of the caseworker are to get in touch with the family of the patient; mediate with the doctors and the patient/family, give counselling to the patient, assist in discharge and after care of the patient.
- While working with the terminally-ill patients, the first task the worker faces is to inform the patient and his family about the illness. The patients suffering from a terminal illness, like cancer and AIDS, have additional stress factor

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- the thought of impending death and anxiety in the family after their death.
- School offers an excellent opportunity to caseworkers for offering preventive interventions beside remedial service. Transition of the child from entry to passing out from school coincides with the child's own development phase. While anticipating the demands of this age-group, appropriate interventions may be planned so as to avoid unnecessary emotional turmoil. .
- As the children have often gone through traumatic experiences before they are placed in Homes, it is very significant for them to come to terms with their life. The worker is expected to give care, liaison with schools where the children go for education, help children develop positive relationships within the institution, and prepare for life after their stay in the Home.
- Social casework aims at correcting these attitudes and feelings in the clients' immediate environment, working with their families and maintaining a supportive professional relationship with them. The caseworker works as a member of a team of professionals like, probation and parole officers, psychologists, psychiatrists, and vocational counsellors and educators.
- The number of old age homes has been rising in cities. The constraints and apathy of urban living have often led to adult children opting to send their aging parents or relatives to residential institutions. The residents in these homes need nursing care, understanding and emotional support. .
- Short stay homes, rescue homes, nari niketans, widow homes, etc. are some of the settings where casework practice takes place.
- The clients need individualized care to overcome debilitating impact of the crisis. Large-scale displacements due to mega projects like dams lead to erosion of community and family life, absence of usual social control mechanisms, the erosion of the social fabric, and loss of livelihoods beside the troubles of settling down in alien environments. Working with these persons is a big challenge for the caseworker.
- Social caseworkers are employed in family counselling centres, women cells, legal aid cells, family courts and women resource centres. The aim of the professional interventions is to make women empowered, confident, and self-governing and also utilizes accessible legal provisions and safeguards for their protection. There are rising number of cases of rape victims.
- As a social worker, it's important to be aware of the potential for substance abuse in any client who seeks help. For example, a client may seek help for depression but conceal an underlying alcohol or substance abuse addiction.
- Social workers act as substance abuse counsellors in a variety of settings, including hospitals, drug treatment facilities and mental health clinics. Although all graduate social work programs include substance abuse education, many social workers decide to continue their studies to obtain a certification in

alcohol and substance abuse counselling, especially if they wish to work specifically in this field.

- Social workers also act as substance abuse educators in a variety of settings, such as schools, community outreach centres and shelters. For example, they give presentations on substance abuse prevention at a school as they are working in a community organization that provides this service.
- Social workers often participate in academic research on the university level. They also participate in substance abuse prevention research, helping it with the empirically-validated intervention and treatment strategies.
- Doctors are the main professional groups in the hospital and they are responsible for medical care of the patients. The recognition of psychosocial and cultural dimensions of illness and hospitalization has enabled the services of trained social workers in the hospitals.

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10.5 KEY WORDS

- **Preventive Intervention.** It is characterized by the level of risk of the population targeted for intervention.
- **Detoxification Centre:** An organization similar to a hospital where people go to receive treatment for drinking too much alcohol or taking too many drugs.
- **Substance Abuse:** It can simply be defined as a pattern of harmful use of any substance. Substances can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all.

10.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on social case work practice in a mental health care.
2. Write a brief on preparedness of social case workers with differently-abled patients.
3. Write in short about the need of preventive intervention for school-going children.
4. Write in brief about social case work practice in old-age homes.
5. Write a brief note on social caseworker's work in correctional institutions.

Long Answer Questions

1. Discuss application of social case work among the victims of disasters.

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2. Analyse social case work practice in organisations working with women.
3. Discuss the challenges that social caseworkers face while dealing with addiction and substance abuse.

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BLOCK - V
SOCIAL CASE WORK WITH VARIOUS SETTINGS
AND ROLE OF SOCIAL CASE WORK AND
RESEARCH IN SOCIAL CASE WORK

*Social Case Work with
Family and Child Welfare
Settings*

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UNIT 11 SOCIAL CASE WORK WITH
FAMILY AND CHILD
WELFARE SETTINGS

Structure

- 11.0 Introduction
- 11.1 Objectives
- 11.2 Case Work With Family and Child Welfare
 - 11.2.1 Settings and Fields of Practice
 - 11.2.2 Types of Child Welfare Social Workers
 - 11.2.3 What Child Welfare Social Workers Do
 - 11.2.4 Scope of Social Work Practice in Child Protection
 - 11.2.5 Contribution of Social Work
 - 11.2.6 Geriatric Care of Aged and the Terminally-Ill
 - 11.2.7 Geriatric Social Worker's Role with Elderly Client
- 11.3 Answers to Check Your Progress Questions
- 11.4 Summary
- 11.5 Key Words
- 11.6 Self Assessment Questions and Exercises
- 11.7 Further Readings

11.0 INTRODUCTION

It has been acknowledged that social case work contributes immensely in family and child welfare settings. Some of the core responsibilities of child welfare social workers include responding to cases of child abuse and neglect; removing children from home settings that are dangerous or which do not meet certain standards. Despite difficulties of their work, child welfare social workers often find their ability to provide compassionate support to parents while protecting children in need. Child welfare social workers work for Child Protective Services and/or child welfare agencies at the county and state levels. There are often several different types of child welfare social workers on a given team that collaborate to identify and respond to cases of child abuse and neglect. Back-end social workers also work with foster families, adoptive parents, and community organizations and resources to try and create and maintain a support system for vulnerable children. The child

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welfare social worker's main concern is to ensure that children are reasonably safe, provided for in all essential areas (food, hygiene, schooling, medical and dental care, emotional well-being, etc.).

Child welfare social workers' specific responsibilities depend on whether they are working front-end or back-end roles at their agency. However, in general, the core responsibilities of child welfare social workers are numerous. In addition to providing individualized advising and therapy to children and their parents, child welfare social workers communicate with other parties that are concerned about and/or involved in a child's well-being. It is aptly recognised that no other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child protection practice. Social workers make valuable contributions in providing appropriate and targeted services to children and their families when there are concerns about a child's wellbeing or safety. Geriatric social workers enhance the quality of life of their older adult clients. This may include developing an understanding not only the physical complications of aging, but mental health, cultural barriers, and organizational challenges faced by the older adult.

This unit aims at analysing the functioning of social case work in family, child welfare and old-age setting and explains comprehensively the contribution of this profession in child protection.

11.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand social case work with family and child welfare
- Enumerate the fields of practice in child welfare
- Analyse the types of child welfare social workers
- Understand the scope of social work practice in child protection
- Enumerate geriatric care and the terminally-ill in social case work

11.2 CASE WORK WITH FAMILY AND CHILD WELFARE

Child welfare social workers protect vulnerable youth and help disadvantaged families in meeting the needs of their children. Some of their core responsibilities include responding to cases of child abuse and neglect; removing children from home settings that are dangerous or which do not meet certain standards; working with children and their families on a reunification plan in collaboration with child dependency courts; supporting parents in meeting the needs of their children (through resource connections and navigation services, therapy and advising, and

other services); and arranging for the short and long-term care of children whose families are unable to take care of them.

Due to the complexity and emotionally charged nature of their work (separating families by necessity, sometimes permanently, and balancing the at times conflicting interests of the child, his/her parents, and the child dependency court), child welfare social workers may find their daily responsibilities to be challenging and at times draining. However, despite the demands and difficulties of their work, child welfare social workers often find their ability to provide compassionate support to parents while protecting children in need to be rewarding due to its profound impact, both on an individual and a larger societal level.

While child welfare social workers can work entry level agency positions after receiving their BSW, many places of employment prefer individuals who wish to progress to higher level or more involved roles to have a Master's Degree in Social Work (MSW) from a CSWE-accredited institution. Social workers who are interested in getting training at the graduate level for child welfare social work positions should explore state-funded scholarships for MSW students focusing on child welfare. During their MSW program, students interested in child welfare should seek internships in relevant settings (such as a family welfare agency), and also take courses in clinical social work methods, family dynamics, child development, poverty, and/or disadvantaged populations.

11.2.1 Settings and Fields of Practice

The various settings and fields of practice include:

- State statutory child protection agencies
- Specialist family support and counselling services
- Foster care
- Residential care
- Children's commissions
- Forensic and correctional services
- Hospital and community health
- Joint investigation response teams
- Child wellbeing units
- Adoption agencies
- Management and governance

11.2.2 Types of Child Welfare Social Workers

Child welfare social workers typically work for Child Protective Services and/or child welfare agencies at the county and state levels. There are often several different types of child welfare social workers on a given team that collaborate to identify

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and respond to cases of child abuse and neglect. Some of these social workers are “front-end” social workers (also known as emergency response social workers). They go out to investigate incidents of child abuse and neglect at the site (often the child’s home), and will also return to these sites to remove children from abusive or insufficient care.

In contrast, “back-end” social workers (also known as continuing services social workers) work with children and their families after the child has been removed from his/her original home, in order to address the barriers that the parents (or caretakers) are experiencing to provide their child(children) with a minimum standard of care at home. Back-end social workers interact with child dependency courts to arrange for alternative living situations (foster families, adoption, and/or living with family members) for children whose parents are unable to properly care for them, and also set goals, benchmarks, and deadlines for parents to meet before their children can be returned to them. Back-end social workers also work with foster families, adoptive parents, and community organizations and resources to try and create and maintain a support system for vulnerable children.

Due to limited resources and staffing, some child welfare social workers may move between emergency/first response duties and continuing services, or fulfill both types of responsibilities simultaneously, depending on their availability and the needs of the agency.

A. Emergency First Responder (“Front-End”) Social Workers

First responder social workers, as their title indicates, are often the first individuals to respond to cases of child abuse and/or neglect. Child welfare agencies will often receive notifications from concerned members of the public about households with children who may not be receiving sufficient care. Upon receiving these notifications, first responder social workers go to households to investigate these allegations of abuse or neglect, and to evaluate the situation of the child (children) in question relative to a minimum standard of child care. If child maltreatment is discovered, emergency first responder social workers typically open a child welfare case, contact Child Protective Services to have a child removed and placed in the care of the Child Dependency Court, and document the evidence of maltreatment in reports for the Courts and for back-end social workers who take on the case after the child’s removal from his/her home.

Sasha Chelsea McGowan, MSW, who works as a Continuing Services Social Worker in Contra Costa County, explained the general standards for adequate parental care in the context of child welfare services. “In the child welfare field, we are focused on one thing—minimum sufficient level of care,” she explained. “This is the community based (and judicially supported) standard of care that we require families to provide for their children in regards to their physical, emotional, and developmental needs.”

Ms. McGowan explained how “minimum sufficient” is distinct from “ideal” or even “good” parenting—the child welfare social worker’s main concern is to

ensure that children are reasonably safe, provided for in all essential areas (food, hygiene, schooling, medical and dental care, emotional well-being, etc.). In addition, the definition of minimum sufficient level of care can differ from community to community, as different counties will have different regulations around child care and neglect, expectations for school attendance, etc.

“To determine if a family is meeting this minimum standard [of care], we ask three questions,” she said. “Is the family providing for their child’s basic needs? Is the parent’s parenting practice, such as with physical discipline, within our community standard or outside of it? Does the parent’s behavior fall within reasonable limits, as judged by that same community?” If the response to these questions is no, then first responder social workers typically begin the process of opening a case and seeking to remove the abused or neglected children from their parents’ care.

B. Continuing Services (“Back-End”) Social Worker

Once a child is placed in the care of the Child Dependency Court, back-end social workers take over the case. Ms. McGowan told OnlineMSWPrograms.com, “[Continuing services social workers continue] to investigate to clarify the allegations of maltreatment and develop a case plan composed of services and behavioral change necessary to return a child to the care of a parent.” Types of behavioral changes that social workers might include in a family’s case plan could include parents’ cessation of physical and/or verbal abuse; elimination of substance abuse behaviors; addressing of physical, medical/dental, emotional, or academic neglect, and proper supervision behaviors.

After the development of a case plan that incorporates behavioral changes for the parents and ways to support the parents in making these changes, continuing services social workers monitor the family’s case and provide emotional support, advising, and resource connections throughout the process. Services and support that continuing services social workers might recruit to assist children and their parents include counselling and psychotherapy; guidance on how to apply for health care benefits, food stamps, etc.; and connections to supportive groups within the community (substance abuse therapy groups, educational resources, etc.). Continuing services social workers also report on the family’s progress to the Dependency Court, and update families on the status of their case in relation to the Court.

Damoun Bozorgzadardbab, MSW, who worked as a Family Services Social Worker and an Emergency Response Children Social Worker at LA County Child Protective Services, explained that, while social workers are invested in parents’ progress, and in the reunification of the original family, their first and foremost priority is the safety of children. “The roles and responsibilities of child welfare social workers is first to keep children safe, then to assure their well-being and do both of those things while making sure they have a chance at permanent families,” she said. “So while child welfare social workers link parents to all the providers

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who help address their issues to mitigate safety and risk (therapists, day care providers, substance use treatment programs...) they are also reporting to the courts on the progress of the parents.” If, after a period of time, parents are unable to meet the standards outlined in the case plan, continuing services social workers also start working on a plan for long-term foster care or adoption.

Due to the many responsibilities that back-end social workers have upon the opening of a child welfare case (i.e. in-depth investigation of child maltreatment allegations, development of case plan with behavioral changes for parents, continued monitoring of parents’ progress, and development of a long-term foster care or adoption plan if necessary), some child welfare agencies have different units of back-end social workers that focus on a specific area of continuing services. Ms. McGowan noted, “[There] are specialized units that address the needs of children who are not able to reunite with their family of origin. In continuing services, I work with children younger than the age of 16 who were not able to reunify with their parents, and at age 16 they transfer to ‘Transitions to Permanency’ where a social worker with special training will work with them on skills for independence and transitioning to adulthood.”

11.2.3 What Child Welfare Social Workers Do

As mentioned previously, child welfare social workers’ specific responsibilities depend on whether they are working front-end or back-end roles at their agency. However, in general, the core responsibilities of child welfare social workers are:

1. Investigative Work (in Collaboration with CPS and Dependency Court)

Both first responder and continuing services social workers investigate instances of child maltreatment and evaluate children’s situations against an established minimum standard. The minimum sufficient level of care (MSLC) is typically determined through a combination of state, federal, and community standards, as well as each family’s unique circumstances. Specific items that child welfare social workers look at include whether children are safe; provided for in terms of food, clothing, and shelter; are able to attend school; are not being subjected to physical, emotional/verbal, or sexual abuse; and are not suffering from neglect.

When investigating cases of child maltreatment, child welfare social workers collaborate with Child Protective Services and the Juvenile Dependency Court, which is a specialized court that handles solely child welfare cases. “Child welfare has its own court system, the juvenile dependency court,” Katie Krause, MSW, who works for Contra Costa County Children and Family Services in California, told OnlineMSWPrograms.com. “This is completely separate from criminal court. Social workers in all units will interact with dependency court judges as we frequently write reports. Social workers can be called to testify when parents contest the allegations or judge’s decision. Each party (parents, kids, social worker) is represented by an attorney in court. Our attorneys are called county counsel and they represent all social workers in the county.”

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2. Case Plan Development

Once a child maltreatment has been confirmed, child welfare social workers collaborate with Child Protective Services, behavioral therapists, case managers, agency staff, school administrators and teachers, and other relevant members of the community to develop an individualized case plan for the child and his/her parents. The case plan mainly focuses on the changes that parents need to make in order to regain custody of their children, and can have several different elements.

“A case plan could include things such as: anger management, domestic violence support group and education, counselling, couple’s counselling, family counselling, parenting classes, drug testing, and in patient or outpatient drug programs,” Ms. Krause noted. “I refer parents to all of these services. I [also] really try to explain to families what is going on as best as I can since the attorneys don’t really do that. I try to encourage them and draw on their strengths rather than only seeing the problems. I like to see the big picture and really get to know the family.”

Case plans usually have certain deadlines for behavioral changes that parents must meet, and these deadlines can be stringent. “A huge barrier for our families is the court timelines. If your child is under three years old, parents have only six months to address the issues leading to CPS involvement before we move towards an alternative permanency option for the child such as adoption—this is also why we concurrently plan, and place infants primarily with family members or potentially adoptive parents,” Ms. McGowan explained. “This is based on the negative outcomes of children spending years in foster care without consistent caregivers in early childhood. With children over three, parents have twelve months.”

3. Counselling and Psychotherapy

Child welfare social workers can provide emotional counselling and, in some cases, targeted but often short-term psychotherapy to children and their parents. The separation of a family is a traumatic experience for both child and parent, and child welfare social workers help both parties manage the difficult emotions around the separation, and to move forward towards a plan of action for reunification. For children in foster homes or adopted children who experience mental, emotional, and behavioral issues as a result of their separation from their family, child welfare social workers can offer emotional support and therapy. They might also try to help parents address the mental and emotional reasons behind the behavioral problems that lead to the maltreatment of their child (ex. substance abuse, neglect, domestic abuse, etc.).

“Every child that comes into contact with our system is assessed for therapy and additional mental health services,” Ms. Krause noted. “Almost all of the children who are removed from their parents participate in some sort of therapy. We also have a number of children with diagnoses that range from PTSD and depression to more complex diagnoses such as schizophrenia and bipolar.”

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4. Coordination of Support Services for Child and Parents

In addition to providing individualized advising and therapy to children and their parents, child welfare social workers communicate with other parties that are concerned about and/or involved in a child's well-being, including but not limited to school administrators and teachers, behavioral therapists, doctors and nurses, and staff at community centers.

The afore-mentioned service providers meet periodically with the family and independent of the family in order to create, evaluate, and modify the reunification plan. Below is a more detailed description of some of the collaborative services, programs, and meetings that child welfare social workers participate in with other human service providers.

- **Wraparound Services (WRAP):** Wraparound services are defined as community based, individualized, and comprehensive mental, emotional, behavioral, and social services and support for people in need, such as vulnerable children and their parents. Wraparound services encompass an individual's social, emotional, health, academic, and (where relevant) occupational needs, and recruit multiple providers from within the community (teachers, behavioral therapists, social workers, medical professionals, etc.).
- **Child and Family Team (CFT) Meetings:** CFT meetings are between children, parents, and human service providers, during which both parents and their children set goals for making the necessary changes to successfully reunify, and providers work with the family to construct a plan for meeting these goals. Providers also offer resources and support to assist the family in meeting their goals by established deadlines.
- **Individualized Education Programs (IEPs):** IEPs are developed primarily by school personnel (such as teachers, counsellors, and school social workers) in response to the needs of specific children who are not performing well at school for mental, emotional, behavioral, familial, and/or social reasons. Child welfare social workers may participate in the development or maintenance of these plans in cases when child abuse or neglect are factors in a child not meeting certain academic standards.
- **Team Decision Meetings (TDMs):** These meetings are held between different social service providers before every key decision in a child's case (placing a child in a foster home or with an adopted family, reuniting children with their families, etc.). During these meetings, providers develop an appropriate course of action given the family's circumstances and progress (if applicable), evaluate the benefits and risks of this course of action, and update one another on the progress of a family.

5. Resource Connections and Navigation Services

While child welfare social workers can provide mental health counselling and therapy, their main role is as a care coordinator and an evaluator of children's

mental, emotional, academic, and social needs. Furthermore, though they work closely with families in need, child welfare social workers' interactions with their clients is necessarily limited, and thus part of their job is creating as comprehensive a support system as possible for children and parents by coordinating services from various community resources.

Examples of such resources include but are not limited to afterschool programs and tutoring, parent support groups, centers that provide subsidized food and clothing, individual counselling, community health clinics, emotional regulation and stress reduction groups, and substance abuse support groups.

11.2.4 Scope of Social Work Practice in Child Protection

Social workers draw on a broad range of theories, knowledge, research and skills to ensure comprehensive and holistic analysis of the client's situation. Social workers' assessments range from targeted and brief specific-needs analyses through to comprehensive holistic psychosocial and risk assessments of the full range of social and psychological needs, strengths and stressors. These assessments underpin targeted and needs-based interventions to address the social and emotional issues that are impacting on the individual's health, development and wellbeing.

The scope of social work practice in child protection includes:

- Attending to the physical, emotional, educational needs and spiritual wellbeing of children who enter the child protection system
- Early identification of vulnerability, risk reduction and strengthening supportive and protective factors
- Risk assessment in relation to child abuse and neglect, cumulative harm, family violence and intimate partner violence. Risk assessment also includes the ability to assess child protection reports received from the community and weighing the evidence from other agencies such as the police and health teams
- Comprehensive psychosocial assessments that are strengths-based and child focused. Such assessments include comprehensive family assessments that consider the child's needs and the whole care environment of the child with an aim of making recommendations, therapeutic needs assessments, parenting capacity assessments, carer assessments and to inform interventions
- Crisis intervention in addressing the needs of families at risk of having their children placed in care
- Establishing client-social worker collaborative relationships in which the statutory role of the social worker is clearly explained
- Therapeutically informed interventions that acknowledge the complexities of trauma, grief and loss expressed often as fear, anger or sadness

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- Facilitating networks for the child and family based on high level knowledge about social systems and community networks, including the facilitation of kinship networks
- Socio-legal and ethical decision making within complex legal frameworks in which the best interest of the child is paramount
- Planning for long-term stability (in some jurisdictions, permanency planning), which has at its centre the need of the child for ongoing continuity and belonging, as well as timely planning and decision making, culturally appropriate placements and collaborative decision making
- Family intervention and support, which includes family therapy and family case conferencing and decision making
- Child-focused/therapeutic interventions that are used in working with highly traumatised children
- Leadership in case management and in the collaboration of services both within and external to the child protection system
- Advocacy in relation to the rights of children, their families and carers
- Supporting foster carers to meet the practical and therapeutic care needs of children and delivering residential care services
- Advocating for after care supports for 18-25-year-old young people
- Developing policy, engaging in research and publishing peer reviewed journals.

11.2.5 Contribution of Social Work

Significant numbers of social workers practise in child well-being and protection settings in a range of roles including direct case work, management and policy. No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child protection practice. As a result, social workers are recognised throughout the world as the core professional group in child protection policy, management and practice. Social workers offer a unique and valuable contribution in providing appropriate and targeted child-centred services as well as facilitating referral pathways that ensure the linking of services, access and equity.

Social workers contribute at an organisational level by:

1. Within State Child Protection systems

- Promoting the safety, stability and development of children by providing professional assessments and interventions that safeguard children at risk of abuse
- Reducing the number of children entering into care unnecessarily

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- Facilitating the timely return of children to their families of origin with appropriate interventions to address concerns and to assist parents to care appropriately for their children
- Facilitating timely plans for children who cannot return safely to their families of origin
- Providing ongoing support to children and their carers so as to safeguard children's rights
- Facilitating the wellbeing and stability of placement
- Facilitating the collaboration of the wide variety of agencies concerned with child protection.
- Within specialist family support and counselling services
- Providing professional assessments and interventions
- Strengthening families and their extended network to enable children to remain safely at home
- Facilitating the timely return of children to their families of origin with appropriate support
- Addressing the ongoing effects of trauma among children who have been abused or neglected.

2. Within foster care agencies

- Providing professional assessments of prospective foster carers so as to ensure a high standard of foster carers
- Providing ongoing high-level support and advice for children and foster carers to increase stability of placements Within residential settings
- Ensuring a high standard of management and specialist advice so that children are safe, their rights are respected and their individual needs are addressed Within children's commissions
- Advocating for children in the care of the state both individually and at a systemic level ensuring that the voice of the child is heard Within systems reducing the overrepresentation of Indigenous children in care
- Considering holistic interventions and alternatives and working with Aboriginal and Torres Strait Islander services

3. Within diverse multicultural communities

- By encouraging an openness to different world views and developing skills in culturally sensitive interventions including listening to and working with community elders

4. Within the courts

- Providing assessment and supporting documentation and oral evidence for children's court orders for statutory intervention, during interim, restoration or long-term protection orders

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5. Within non-child protection specific agencies

- Ensuring child-focused models of care are integrated and part of adult services where there may be children at risk, such as drug health, mental health and emergency services

6. Across agencies

- Promoting the exchange of information between agencies to ensure the safety and wellbeing of children and efficient collaboration of services

7. Within management and governance

- Ensuring systems that place the needs of children and their safety first
- Designing and implementing services, developing practice advice for child protection staff
- Evaluating programs to improve efficacy and conducting research to increase the evidence base for practice.

Social workers offer a unique role within the social services with their holistic approach to assessment and their commitment to human rights and advocacy within a multidisciplinary and multi-agency environment. They make valuable contributions in providing appropriate and targeted services to children and their families when there are concerns about a child's wellbeing or safety, mindful of trauma-informed frameworks and intergenerational links. Importantly social workers help reduce the incidence of abuse and neglect, support families to raise their children to their full potential. They also assist families to relate in more positive ways and children to thrive in their parental care wherever possible. Social workers help reduce the effects of trauma, contribute to child-centred planning and the increased stability of placements. Accordingly, social work should have a significant role in the child protection system.

11.2.6 Geriatric Care of Aged and the Terminally-ill

A geriatric social worker is a professional social worker with expertise working with adults aged 65 and over. Often, these are social workers that have graduate level education and field experience in geriatrics, gerontology, aging, or social work with older adults.

Geriatric social workers help find solutions for older adults and families that address the personal, social, and environmental challenges that come with aging. Geriatric social workers' main priority is maintaining and enhancing the quality of life of their older adult clients. This may include developing an understanding not only the physical complications of aging, but mental health, cultural barriers, and organizational challenges faced by the older adult.

Aging-savvy social workers serve as "navigators" through the complicated healthcare and social service systems. They help families by gathering information about the array of services available to them, coordinating care across various health systems, facilitating family support, and providing direct counselling services.

According to the Consortium of New York Geriatric Education Centers, “Gerontological social work interventions are directed at enhancing dignity, self-determination, personal fulfillment, quality of life, optimal functioning, and ensuring the least restrictive living environment possible.”

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11.2.7 Geriatric Social Worker’s Role with Elderly Client

Here are just a few ways social workers help:

- Clinical interventions – They may provide therapy for an elderly client who feels lonely or who is suffering depression or anxiety. Geriatric social workers encourage their clients to pursue stimulating activities, helping to arrange group outings. They can help clients cope with aging by recording “life stories” and help people say their goodbyes through writing letters, phone calls, videos, etc.
- Service interventions – Many social workers act as a link between their clients and the numerous public and private programs designed for the aging. Social workers help
- Clients apply for appropriate services. They help sort out any problems in the delivery of these services.
- Advocacy – A geriatric social worker can provide an older adult with an Advance Directive form and explain how to correctly complete it. They are also a frontline defense for stopping elder abuse: a geriatric social worker is mandated by law to report to any suspected elder abuse to Adult Protective Services.

In addition to the above-mentioned help, social workers also perform various functions in geriatric care. These are as follows:

- For families in a caregiving situation, geriatric social workers are an invaluable resource. Social workers also offer direct assistance for families, such as providing family-support services, suggesting useful technologies, and facilitating the coordination of medical care.
- Many geriatric social workers also offer counselling services, which often deal with end-of-life issues, bereavement, and other concerns common to senior citizens. They can help guide families through the transition from the home environment to long term care, assist with filing necessary paperwork, and help with access to end-of-life care planning (living wills, advance directives, DNR orders).
- To help older adults remain at home as long as possible, many geriatric social workers work within the home health care setting.
- These types of social workers often coordinate discharge planning from hospital to home and conduct home visits to ensure the client is safe, healthy, and thriving in their environment.

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- They may help assess when home care is or is not appropriate for the client, help locate in-home assistance services, transportation services, Meals on Wheels, and recommend in-home care tracking technology.
 - Geriatric social workers are trained to recognize normal and abnormal aging patterns. They can suggest when an elderly client needs to see a doctor and can arrange for a visit.
 - With the help of geriatric social workers, some older adults may be able to live in their own home when they would otherwise need nursing home care.
- Check Your Progress

Check Your Progress

1. What is the main responsibility of child welfare social workers?
2. When is a child welfare social worker eligible to work in agency position?
3. Which are the main types of child welfare social workers?
4. What is the minimum sufficient level of care as explained by Ms. McGowan?
5. What is case plan development?
6. How do child welfare social workers coordinate with support services for child and parents?
7. List some of the functions of social work practice in child protection
8. How do social workers offer a unique role within the social services?
9. Why is a geriatric social worker called 'navigator'?
10. List some of functions of social workers in geriatric care.

11.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. Child welfare social workers protect vulnerable youth and help disadvantaged families in meeting the needs of their children. Some of their core responsibilities include responding to cases of child abuse and neglect; removing children from home settings that are dangerous or which do not meet certain standards; working with children and their families on a reunification plan in collaboration with child dependency courts, etc.
2. While child welfare social workers can work entry level agency positions after receiving their BSW, many places of employment prefer individuals who wish to progress to higher level or more involved roles to have a Master's Degree in Social Work (MSW) from a CSWE-accredited institution. Social workers who are interested in getting training at the graduate level for child

welfare social work positions should explore state-funded scholarships for MSW students focusing on child welfare.

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3. There are often several different types of child welfare social workers on a given team that collaborate to identify and respond to cases of child abuse and neglect. Some of these social workers are “front-end” social workers (also known as emergency response social workers). They go out to investigate incidents of child abuse and neglect at the site (often the child’s home), and will also return to these sites to remove children from abusive or insufficient care. In contrast, “back-end” social workers (also known as continuing services social workers) work with children and their families after the child has been removed from his/her original home.
4. Ms. McGowan explained how “minimum sufficient” is distinct from “ideal” or even “good” parenting—the child welfare social worker’s main concern is to ensure that children are reasonably safe, provided for in all essential areas (food, hygiene, schooling, medical and dental care, emotional well-being, etc.). In addition, the definition of minimum sufficient level of care can differ from community to community, as different counties will have different regulations around child care and neglect, expectations for school attendance, etc.
5. Once a child maltreatment has been confirmed, child welfare social workers collaborate with Child Protective Services, behavioral therapists, case managers, agency staff, school administrators and teachers, and other relevant members of the community to develop an individualized case plan for the child and his/her parents. The case plan mainly focuses on the changes that parents need to make in order to regain custody of their children, and can have several different elements.
6. In addition to providing individualized advising and therapy to children and their parents, child welfare social workers communicate with other parties that are concerned about and/or involved in a child’s well-being, including but not limited to school administrators and teachers, behavioral therapists, doctors and nurses, and staff at community centers.
7. Some of the functions of social work practice in child protection includes
 - Attending to the physical, emotional, educational needs and spiritual wellbeing of children who enter the child protection system
 - Early identification of vulnerability, risk reduction and strengthening supportive and protective factors
 - Risk assessment in relation to child abuse and neglect, cumulative harm, family violence and intimate partner violence.
 - Comprehensive psychosocial assessments that are strengths-based and child focused. Such assessments include comprehensive family assessments that consider the child’s needs’

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- Crisis intervention in addressing the needs of families at risk of having their children placed in care
- 8. Social workers offer a unique role within the social services with their holistic approach to assessment and their commitment to human rights and advocacy within a multidisciplinary and multi-agency environment. They make valuable contributions in providing appropriate and targeted services to children and their families when there are concerns about a child's wellbeing or safety, mindful of trauma-informed frameworks and intergenerational links.
- 9. Aging-savvy social workers serve as "navigators" through the complicated healthcare and social service systems. They help families by gathering information about the array of services available to them, coordinating care across various health systems, facilitating family support, and providing direct counselling services.
- 10. Some of the functions of social workers in geriatric care are:
 - For families in a caregiving situation, geriatric social workers are an invaluable resource. Social workers also offer direct assistance for families, such as providing family-support services, suggesting useful technologies, and facilitating the coordination of medical care.
 - Many geriatric social workers also offer counselling services, which often deal with end-of-life issues, bereavement, and other concerns common to senior citizens. They can help guide families through the transition from the home environment to long term care, assist with filing necessary paperwork, and help with access to end-of-life care planning (living wills, advance directives, DNR orders).
 - To help older adults remain at home as long as possible, many geriatric social workers work within the home health care setting.

11.4 SUMMARY

- Child welfare social workers protect vulnerable youth and help disadvantaged families in meeting the needs of their children. Some of their core responsibilities include responding to cases of child abuse and neglect; removing children from home settings that are dangerous or which do not meet certain standards
- Due to the complexity and emotionally charged nature of their work (separating families by necessity, sometimes permanently, and balancing the at times conflicting interests of the child, his/her parents, and the child dependency court), child welfare social workers may find their daily responsibilities to be challenging and at times draining.
- There are often several different types of child welfare social workers on a given team that collaborate to identify and respond to cases of child abuse

and neglect. Some of these social workers are “front-end” social workers (also known as emergency response social workers).

- Due to limited resources and staffing, some child welfare social workers may move between emergency/first response duties and continuing services, or fulfill both types of responsibilities simultaneously, depending on their availability and the needs of the agency.
- After the development of a case plan that incorporates behavioral changes for the parents and ways to support the parents in making these changes, continuing services social workers monitor the family’s case and provide emotional support, advising, and resource connections throughout the process.
- Both first responder and continuing services social workers investigate instances of child maltreatment and evaluate children’s situations against an established minimum standard. The minimum sufficient level of care (MSLC) is typically determined through a combination of state, federal, and community standards, as well as each family’s unique circumstances.
- Once a child maltreatment has been confirmed, child welfare social workers collaborate with Child Protective Services, behavioral therapists, case managers, agency staff, school administrators and teachers, and other relevant members of the community to develop an individualized case plan for the child and his/her parents.
- Child welfare social workers can provide emotional counselling and, in some cases, targeted but often short-term psychotherapy to children and their parents. The separation of a family is a traumatic experience for both child and parent, and child welfare social workers help both parties manage the difficult emotions around the separation, and to move forward towards a plan of action for reunification.
- Wraparound services are defined as community based, individualized, and comprehensive mental, emotional, behavioral, and social services and support for people in need, such as vulnerable children and their parents.
- Social workers draw on a broad range of theories, knowledge, research and skills to ensure comprehensive and holistic analysis of the client’s situation. Social workers’ assessments range from targeted and brief specific-needs analyses through to comprehensive holistic psychosocial and risk assessments of the full range of social and psychological needs, strengths and stressors.
- Significant numbers of social workers practise in child well-being and protection settings in a range of roles including direct case work, management and policy. No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child protection practice.

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- Social workers offer a unique role within the social services with their holistic approach to assessment and their commitment to human rights and advocacy within a multidisciplinary and multi-agency environment.
- A geriatric social worker is a professional social worker with expertise working with adults aged 65 and over. Often, these are social workers that have graduate level education and field experience in geriatrics, gerontology, aging, or social work with older adults.
- According to the Consortium of New York Geriatric Education Centers, “Gerontological social work interventions are directed at enhancing dignity, self-determination, personal fulfillment, quality of life, optimal functioning, and ensuring the least restrictive living environment possible.”

11.5 KEY WORDS

- **Child protective Services (CPS):** This is a governmental agency responsible for investigating reports of child maltreatment.
- **Gerontology:** It is the study of the social, cultural, psychological, cognitive, and biological aspects of ageing. The word was coined by Ilya Ilyich Mechnikov in 1903, from the Greek *geron*, “old man” and *-logia*, “study of”.

11.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the role of social worker in child welfare.
2. Write in a brief on the various settings and fields of practice for child welfare social workers.
3. Write in short about the “back-end” social workers in child welfare.
4. Write in brief about Child and Family Team (CFT) Meetings in child welfare.
5. Write a brief note on social workers’ contribution within diverse multicultural communities.
6. Write in short about geriatric social workers’ role in clinical interventions.

Long Answer Questions

1. Discuss why child welfare social worker’s responsibility is challenging and at times draining.
2. Analyse the role of back-end social workers in child protection and care.

3. Discuss the investigative work of social workers in child welfare.
4. “Social workers are recognised throughout the world as the core professional group in child protection.” Justify this statement.
5. Discuss in detail on the scope of social work practice in child protection.

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11.7 FURTHER READINGS

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UNIT 12 CASE WORK PRACTICE IN COMMUNITY SETTINGS

Structure

- 12.0 Introduction
- 12.1 Objectives
- 12.2 Case Work in Community: An Overview
 - 12.2.1 Self-Help Groups
 - 12.2.2 Schools
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 - 12.2.4 Role of Industrial Social Worker
 - 12.2.5 Professional Social Work Ethics
 - 12.2.6 Qualities of Industrial Social Worker
 - 12.2.7 Correctional Institutions
 - 12.2.8 Social Casework in Correctional Settings
 - 12.2.9 Social Group Work in Correctional Settings
 - 12.2.10 Social Workers in Police Departments and Courts
- 12.3 Answers to Check Your Progress Questions
- 12.4 Summary
- 12.5 Key Words
- 12.6 Self Assessment Questions and Exercises
- 12.7 Further Readings

12.0 INTRODUCTION

Social work now covers broad areas or settings in which casework practice is utilized to help individuals and families. Community is the pivotal setting within which social workers work with individuals, conducting needs assessments and making referrals to resources in the community. In the USA, community practice social work actively participates in organizing, social planning, human service management, community development, policy analysis, policy advocacy and other larger systems interventions. Professional group of community practitioners works as a nodal agency and monitors social work practiced in the community.

For case workers, schools, hospitals and various institutions established for marginalised and maladjusted individuals offer settings to demonstrate their preparedness to use social work practices. By helping in the development of personality, life and social skills of school-going children, the social caseworkers achieve the status of a partner in the educational process. They work as a liaison between the family and the teacher besides functioning as change-agent for the school's systems and procedures, and as a consultant for the staff of the school in matters regarding children's needs and well-being.

Industries form a secondary setting for the professional social work. It is different from other secondary welfare setting as its primary orientation to production

and profit rather than to the welfare needs of the workers. However, the development of the industrial social work in India is recent. It is primarily voluntary and is influenced by the emphasis placed by the government on certain programmes in organized sector. Social workers are occasionally involved in the decision making in the development of the welfare services. In the correctional settings, the case workers work as a member of a team of professionals like, probation and parole officers, psychologists, psychiatrists, and vocational counsellors and educators.

This unit aims at analysing social work practice in community settings like schools, self-help groups, industrial organizations and correctional institutions.

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12.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand case work in a community setting
- Enumerate the role of self-help groups in social case work
- Analyse social case work in industries
- Enumerate the scope and nature of industrial social worker
- Explain social case work in correctional institutions
- Analyse social case work in correctional settings

12.2 CASE WORK IN COMMUNITY: AN OVERVIEW

Community practice also known as macro practice is a branch of social work in the United States of America that focuses on larger social systems and social change, and is tied to the historical roots of United States social work. The field of community practice social work encompasses community organizing, social planning, human service management, community development, policy analysis, policy advocacy, evaluation, mediation, electronic advocacy and other larger systems interventions. In the UK, the term is often used for community work or health visitors.

Although community practice has overlap with many other applied social science disciplines, such as urban planning, economic development, public affairs, rural sociology and non-profit management, its roots go back as far as the 1890s. Community Practice social workers typically have a Masters in Social Work (MSW). There are several MSW programs in the United States that offer Community Practice Concentrations, while many other MSW programs offer specializations in one or several types of community practice, such as social services administration or policy analysis. The professional group of community practitioners in the USA is the Association for Community Organization and Social Administration (ACOSA), which publishes the leading journal in the field, *The Journal of Community Practice*.

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12.2.1 Self-Help Groups

These groups facilitate mutual assistance. They offer a vehicle for people with a common problem to gain support and recognition, obtain information on, advocate on behalf of, address issues associated with, and take control of the circumstances that bring about, perpetuate, and provide solutions to their shared concern. Self-help groups may be small informal groups, confined to interactive support for their members, or differentiated and structured multiservice agencies. They empower members through shared example and modelled success. Spread throughout the world they are a major resource to social workers seeking to help their clients to help themselves.

12.2.2 Schools

Schools are institutions for formal education, with a fixed routine, set syllabus, and a well-established pattern of teaching and learning. Teachers are the main professional group and they spend the maximum time with students. Schools vary in size— from small single teacher schools in the villages and tribal areas to large bureaucratic organisations with thousands of students. Schools may offer primary, middle, secondary or senior secondary education. Again, some may be Government schools/aided by the Govt. or fully private independent schools. Despite progressive and child-centred educational philosophy, schools are characterized by emphasis on syllabus (information content), formal examination system for evaluating achievements and formal teacher child relationships. In this context, the child very often is not able to get his basic human and educational needs fulfilled. This situation proves to be stressful to the child. Due to preoccupation with syllabus and maintaining discipline, teachers are unable to individualize the child's situation and there is a 'problem child' at hand. Hence, there is recognition of need for individualized social casework service to help the child. School, however, offers an excellent opportunity to caseworkers for offering preventive and promotive interventions beside remedial service.

Transition of the child from entry to passing out from school coincides with the child's own maturation process. By anticipating the demands and stresses of a particular age group, appropriate interventions may be planned so as to avoid unnecessary emotional turmoil. By helping in the development of personality and life and social skills, the Social Caseworker can achieve the status of a partner in the educational process. Despite its being a secondary setting of social casework practice, the worker can easily demonstrate the vital contribution of professional social work to fulfilment of educational goals of schools. The social caseworker works as a liaison between the family and the teacher. He/she acts as a mediator, enabler, teacher (giving necessary information), advocate (to highlight the negative impact of school norms and practices on the child), change-agent for the school's systems and procedures, and as a consultant for the staff of the school in matters regarding children's needs and well-being.

12.2.3 Industrial Social Work

Industrial organisation forms a secondary setting for the professional social work. It is different from other secondary welfare setting due to its primary orientation to production and profit rather than to the welfare needs of the workers. There is a growing recognition of the fact that the human personality and the organisation influence each other. Hence it is necessary to have a basic understanding of organisational structure of the industry, its communication pattern and its system of authority. The workers and the problems can be better perceived against the holistic background of his work place, his family, and his community. The industrial social worker whose work covers an intangible output can work with conviction and commitment in a profit-oriented setting only if his/her functions are balanced with the primary interest of the organisation.

A clear understanding of the social workers' role responsibilities and status to the concerned department is of great relevance. It was felt earlier that a personnel or welfare programmes need not have any connection with the economic potentials of the industry. Now it is increasingly felt that "a well-formulated social work practice," is as much an economic proposition as production or sales programme. It helps to improve the attitude of employees towards their job. Finally, it is the attitude of employees which control the quality of production, quantity of the production and the productivity. Improvement in the attitude improves productivity and thereby increases profit.

12.2.4 Role of Industrial Social Worker

It is essential to understand the areas of responsibilities associated with each functionary, so as to gain a clear perspective of role and status of the industrial social worker. The development of the industrial social work in India is recent. It is primarily voluntary and is influenced by the emphasis placed by the government on certain programmes in organized sector.

The place of social worker in an industrial organisation is within the administrative preview of Personnel or Human Resource Management department. Occasionally, it is under the direct control of the line managers. The workers are occasionally involved in the decision making in the development of the welfare services. However, since workers enjoy autonomy in their day-to-day functioning, they are in a position to build a purposeful relationship with the employees. This enables them to relate freely to the social worker with trust and confidence.

12.2.5 Professional Social Work Ethics

It is at this point that the issue of professional social work ethics assumes importance, both for the social worker and the employing organisation.

These are as follows:

1. The social worker should be outside the chain of command of the management, even though officially, he/she may have to operate from the personnel or administrative department.

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2. The worker should not have any responsibility involving his functionary, directly controlling the work life of the employee in so far as it affects the production process.

3. The worker should maintain the professional confidentiality. This does not mean that the worker should not share the workers' problem with staff at other levels and management.

His work necessarily demands contact with different levels of management in the industry for effective discharge of his functions.

It is equally important for the workers to note that 'the strategic role of social worker in industry stems from his intimate contact with the rank and file workers as well as the access he has to in decision making channel and the upper echelons of the power structure in industry but he should be very cautious of the dangers involved in his multiple identification with people in a variety of status of roles and in having his skills used manipulatively.

This is particularly true of his role in enhancing positive communication between workers and managers. This is highly complex, due to the growing importance of the trade unions, which now has great influence on the management. It is primarily delegated to the Personnel Officer and rather than to the Labour Welfare Officer, or the social worker. It is the personnel officer who has to act as spokesmen of the workers and advice the management on the action to be taken on their problem. He also has to maintain a neutral stand to hold the balance between the management and employees and the situation which can arise possible conflicts between the trade unions and the management objectives. Here the positive and the neutral stand of the industrial social worker can be of great value to the personnel officer.

The responsibility of the social worker falls mainly in the category of non-statutory services such as:

1. Family individual and group, counselling and home visit in relation to adjustment of the work orientation, personality and other problems at preventive level.
2. Active participation in corporate social responsibility activities and community development initiatives of the industry.
3. Employee management and effective intervention of labour management problems.
4. Industrial counselling.
5. Case work interventions.
6. Health and educational help, which would involve referral to other agencies.
7. Coordination of welfare services with other welfare agencies.
8. Workers education.

9. Family planning and Family life education.

10. Workers recreation management.

Although personnel officer, welfare officer and the industrial social worker are all concerned with the human relation aspect in the industry, a comparison of their rights and duties reveal that the former are organisation-oriented and the social worker is essentially employee-oriented. He/she can effectively sustain her working relation with other specialist for implementing the social welfare policy.

12.2.6 Qualities of Industrial Social Worker

The knowledge and personality traits deemed essential in a social worker in the industry are: maturity, warm and genuine interest in people adjustability, good communication skills in dealing with people at different levels, resourcefulness, sound physical health, effective intervention skills, knowledge of industrial psychology, knowledge of labour laws, expertise in corporate-community interaction and in industrial counselling.

12.2.7 Correctional Institutions

These include homes/ special schools for the delinquent, prisons, remand/ observation homes, beggar homes etc. The main task of the social caseworker is to help those in conflict with law by enabling them to understand themselves and their relationship with others. They need to understand what is expected of them as members of society. The aim is to rehabilitate these persons – to help them in such a manner that they can engage in socially constructive activities once they go back to their homes. The worker helps the clients change /modify their values (so that they are in line with the social values); change their behaviour and response patterns. The residents of these institutions often have a feeling of hostility towards society or they suffer from a sense of inferiority and inadequacy. Social casework aims at correcting these attitudes and feelings by modifying the clients' immediate environment, working with their families and maintaining a supportive professional relationship with them. The caseworker works as a member of a team of professionals like, probation and parole officers, psychologists, psychiatrists, and vocational counsellors and educators.

12.2.8 Social Casework in Correctional Settings

The workers are occasionally involved in the decision making in the development of the welfare services. The relationship, which is established during the period of treatment process, enables the client to work towards a constructive solution of his problems. Social casework is an art in which knowledge of the science of human relations and skill in relationship are used to mobilize capacities in the individual and resources in the community, appropriate for better adjustment between the client and all or any part of his total environments. So, casework is the process of dealing with the individual case. It is concerned with the individual

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in relation to his social environment and aims at his successful adjustment. A professional casework relationship is one that enables the client to express facts, attitudes and feelings that the worker's response will be to the client's need, not to the worker's need. The caseworker is responsible for facilitating communication, both verbal and non-verbal, without which no relationship can be established and developed. This relationship is connected with the treatment process.

The two types of casework treatment currently used in correctional settings are: the supportive treatment method and curative treatment. The former requires the use of a number of techniques that help the client to improve his functioning within the framework of his established ego mechanisms of defence. The latter requires the use of different techniques that help the client to improve his functioning through modification of selected ego mechanisms of defence. The outward form of the client's behaviour and selected internal process are modified. In correctional institutions, caseworker keeps the relationship a realistic one, using the possible elements in the relationship to motivate and influence the client towards a maximal solution of his problems. Thus, in the correctional settings, the caseworker's activity in respect to motivation is directed towards reducing the strength of factors inhibiting the client's use of help, towards identifying and utilizing the constructive motivating forces that the client has already developed. This is for the purpose of adaptation and mastery and towards offering opportunities that may induce constructive motivation, where it does not exist.

In correctional settings, the social caseworker attempts to establish a relationship which, over a period of time, frees the individual to express his feelings, muster his ego strength, change his anti-social values and become a law-abiding citizen. Thus, relationship is the core of social caseworker's contribution, along with the use of community resources. It means that the caseworker accepts the client, understands and respects him. The client gradually develops feelings towards the caseworker, and shares his ideas, emotions, and worries. Then, through a bond of warmth and support, changes are effected. The caseworker is non-judgemental, sensitive to the needs of the offender, and conveys a feeling of respect for the integrity and individuality of the offender, regardless of his criminal conduct. The helping process depends upon a relationship between worker and client within which the client may, if he is able and willing, be encouraged to ask, receive, and use help in clarifying his own wants and purposes, in relation to the resources available to him and in mustering his own powers to achieve his chosen ends.

In many instances, the offender is likely to express his needs about concrete situations, such as the way he left things at home, or the job he left behind, or some details of institutional life, such as change of work assignments, or living quarters, or a suspected discrimination against him in privileges. The basis of the client's complaints may be real and may furnish a specific issue upon which the caseworker and the inmate of a correctional institution can work together. But casework with offenders is not primarily concerned with the individual offender as a separate entity apart from his surroundings. Nor is casework primarily concerned with the

social environment and its improvement. Casework, however, has a general interest in both the offender and the environment, since its goal is to find a means of adjustment and an equilibrium between the two. For the successful accomplishment of this task, the caseworker must understand the offender, his capacities and abnormalities and he must know the social situation, its resources and dangers. Furthermore, his knowledge must be broad enough to go beyond the offender involved and embrace the scientific principles, which lie at the back of personality development, behaviour, and the social forces, which govern family and community.

There are five basic assumptions underlying casework, which are applicable in helping the offender. These are:

1. Every individual must be seen as a person of dignity and worth.
2. Behaviour, whether acceptable or unacceptable to the community, expresses a need of the individual.
3. An individual can and will change his behaviour if the right help is given at the right time and in the right amount.
4. If the offer of help is given before the problem becomes seriously aggravated, the response is likely to be better.
5. The family is the most influential force in the development of personality in the crucial early years.

The emphasis in casework varies from case to case, since the cause of maladjustment may lie primarily with the individual, or with the environment, or in some combination of these personal and social factors. The casework may be directed at strengthening the personality, in order to increase the capacity and understand the offender. This is true, for instance, in the case of those who suffer from nervous and emotional disorders, from frustrations and conflicts, which prevent successful adjustment in any situation. In other cases, the emphasis may be directed at the change or enrichment of the environment, to eliminate harmful conditions and make use of helpful resources. This is true, for example, in the case of children who live under conditions in unsafe area, where adjustment is difficult for even the most normal type of personality.

In attaining both immediate and ultimate goals, three fundamental processes are seen interplaying at every point: the use of the resources, assisting the offender to understand his needs and possibilities and helping him to develop the ability to work out his own social programme through the use of available resources. Therefore, casework is involved in a joint action in which both the caseworker and the offender take part and in which, they develop a definite relationship. In correctional settings, casework has been in active over a considerable period of time, especially in relation to probation. In other correctional settings, especially in institutions, casework is not only a recent development, but it is very difficult to apply. The prison or Borstal school programme is one of mass treatment and often casework is neglected.

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12.2.9 Social Group Work in Correctional Settings

Social Group, which works with delinquents and criminals, is often seen as a powerful technique for modifying behaviour and attitudes. Although demanding and sometimes complex, group work is based on some rather simple and well supported observations about how people grow and interact. Social group work is a method of rendering service to persons, through providing experience in groups. Development of the person towards his individual potential, improvement of relationship and social functioning competencies, and social action are recognized as purposes of social group work. The worker functions within a framework of ethical and social values. In social group work, the worker helps members and group to use their abilities and strengths.

The worker uses himself in different ways in relation to specific objectives. The group member and the group are inextricably interrelated and the condition of each is bound to affect the other. There can be three main reasons for the use of the group in treatment of the delinquent and the criminal:

- First, the dynamics of the offender himself.
- Second, the specific correctional setting in which he finds himself.
- Thirdly, the specific purpose for which society has put him into the correctional setting.

12.2.10 Social Workers in Police Departments and Courts

In certain European countries, United States of America and in Japan, professional social workers work with the Police, especially in their youth bureaus. Social workers help police to understand properly the delinquents whom they apprehend. They also help the police to develop a rehabilitative attitude rather than a punitive one. Social workers play a major role with the police in trying to prevent delinquency and crime. Professional social workers generally believe in preventive aspect of delinquency and crime. The rationale behind this is that if more time and talent can be put into preventing anti-social behaviour in the first place, the society, individuals and families will be much better off. With the help of the social worker, police work with delinquents in recreational activities and clubs to prevent delinquency and crime.

In India, professional social workers are attached to juvenile courts, performing the role of probation officers. They have various functions in the juvenile court. Conducting investigations to find out various causes and facts in a violation of law is an important function. A social worker can generally be objective and can secure a picture of the total situation that is helpful to the court. In juvenile courts, the magistrate makes decisions based on the report submitted by the probation officer. Investigations are usually related to the delinquents, but most often, involve the family, close relatives and other key persons in the lives of the accused. Another important function of the social worker is to represent the court

after the magistrate has made the decision. Probation involves regular interviews and contacts between the probation officer, who is the social worker, and the offender. The social worker tries to use his knowledge and skills to help bring about desired changes and modifications in the behaviour of the offender who is in probation.

Juvenile delinquency and crime are major problems of modern society. Social work has an important role to play in the control correction and prevention of delinquency and crime. Social work attempts to help the individual, his family and the community to face and solve delinquency and crime through the utilization of individual, family and community resources. Casework, group work, and community organisation are the basic processes utilized by the social worker in correctional settings. The correctional social worker is given authority in order to change the way offenders (clients) express values in action. All social workers work with offenders in terms of values. More than any other function, the correctional social worker's task is defined in terms of changing values of the delinquent or criminal, so that they become suitable in action with the values of the society. The social worker helps, particularly the police departments, courts, probation, institutions, parole and prevention. Therefore, professional social work in correctional settings is a comprehensive constructive social attitude, therapeutic in some instances, restraining in some instances, but preventive in its total social impact.

Check Your Progress

1. What is the main focus of community practice in the USA?
2. How does a case worker play his/her role in school?
3. Why is industrial organisation a secondary setting for the professional social work?
4. List some of responsibilities of industrial social worker.
5. List the types of casework treatment currently used in correctional settings.
6. What is the function of social group work in correctional settings?
7. How do social workers work in courts in India?

12.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

1. Community practice also known as macro practice is a branch of social work in the United States of America that focuses on larger social systems and social change.

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2. The social caseworker works as a liaison between the family and the teacher. He/she acts as a mediator, enabler, teacher (giving necessary information), advocate (to highlight the negative impact of school norms and practices on the child), change-agent for the school's systems and procedures, and as a consultant for the staff of the school in matters regarding children's needs and well-being.
3. Industrial organisation forms a secondary setting for the professional social work. It is different from other secondary welfare setting due to its primary orientation to production and profit rather than to the welfare needs of the workers.
4. The responsibility of the social worker falls mainly in the category of non-statutory services such as:
 - i. Family individual and group, counselling and home visit in relation to adjustment of the work orientation, personality and other problems at preventive level.
 - ii. Active participation in corporate social responsibility activities and community development initiatives of the industry.
 - iii. Employee management and effective intervention of labour management problems.
 - iv. Industrial counselling.
 - v. Case work interventions.
 - vi. Health and educational help, which would involve referral to other agencies
5. The two types of casework treatment currently used in correctional settings are: the supportive treatment method and curative treatment. The former requires the use of a number of techniques that help the client to improve his functioning within the framework of his established ego mechanisms of defence. The latter requires the use of different techniques that help the client to improve his functioning through modification of selected ego mechanisms of defence.
6. Social Group, which works with delinquents and criminals, is often seen as a powerful technique for modifying behaviour and attitudes. Although demanding and sometimes complex, group work is based on some rather simple and well supported observations about how people grow and interact. Social group work is a method of rendering service to persons, through providing experience in groups. Development of the person towards his individual potential, improvement of relationship and social functioning competencies, and social action are recognized as purposes of social group work. The worker functions within a framework of ethical and social values. In social group work, the worker helps members and group to use their abilities and strengths.

7. In India, professional social workers are attached to juvenile courts, performing the role of probation officers. They have various functions in the juvenile court. Conducting investigations to find out various causes and facts in a violation of law is an important function. Another important function of the social worker is to represent the court after the magistrate has made the decision.

*Case Work Practice in
Community Settings*

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12.4 SUMMARY

- The field of community practice social work encompasses community organizing, social planning, human service management, community development, policy analysis, policy advocacy, evaluation, mediation, electronic advocacy and other larger systems interventions.
- The professional group of community practitioners in the USA is the Association for Community Organization and Social Administration (ACOSA), which publishes the leading journal in the field, The Journal of Community Practice.
- Self-help groups may be small informal groups, confined to interactive support for their members, or differentiated and structured multiservice agencies. They empower members through shared example and modelled success.
- There is recognition of need for individualized social casework service to help the child. School, however, offers an excellent opportunity to caseworkers for offering preventive and promotive interventions beside remedial service.
- Industrial organisation forms a secondary setting for the professional social work. It is different from other secondary welfare setting due to its primary orientation to production and profit rather than to the welfare needs of the workers. There is a growing recognition of the fact that the human personality and the organisation influence each other.
- It is essential to understand the areas of responsibilities associated with each functionary, so as to gain a clear perspective of role and status of the industrial social worker. The development of the industrial social work in India is recent.
- It is equally important for the workers to note that 'the strategic role of social worker in industry stems from his intimate contact with the rank and file workers as well as the access he has to in decision making channel and the upper echelons of the power structure in industry but he should be very cautious of the dangers involved in his multiple identification with people in a variety of status of roles and in having his skills used manipulatively.
- Social casework aims at correcting these attitudes and feelings by modifying the clients' immediate environment, working with their families and maintaining a supportive professional relationship with them.

*Self-Instructional
Material*

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- The two types of casework treatment currently used in correctional settings are: the supportive treatment method and curative treatment. The former requires the use of a number of techniques that help the client to improve his functioning within the framework of his established ego mechanisms of defence.
- In correctional settings, the social caseworker attempts to establish a relationship which, over a period of time, frees the individual to express his feelings, muster his ego strength, change his anti-social values and become a law-abiding citizen.
- The emphasis in casework varies from case to case, since the cause of maladjustment may lie primarily with the individual, or with the environment, or in some combination of these personal and social factors. The casework may be directed at strengthening the personality, in order to increase the capacity and understand the offender.
- Social Group, which works with delinquents and criminals, is often seen as a powerful technique for modifying behaviour and attitudes. Although demanding and sometimes complex, group work is based on some rather simple and well supported observations about how people grow and interact.
- In certain European countries, United States of America and in Japan, professional social workers work with the Police, especially in their youth bureaus. Social workers help police to understand properly the delinquents whom they apprehend.
- Juvenile delinquency and crime are major problems of modern society. Social work has an important role to play in the control correction and prevention of delinquency and crime. Social work attempts to help the individual, his family and the community to face and solve delinquency and crime through the utilization of individual, family and community resources.
- The social worker helps, particularly the police departments, courts, probation, institutions, parole and prevention. Therefore, professional social work in correctional settings is a comprehensive constructive social attitude, therapeutic in some instances, restraining in some instances, but preventive in its total social impact.

12.5 KEY WORDS

- **The Association for Community Organization and Social Administration (ACOSA):** ACOSA is a membership organization for community organizers, activists, non-profit administrators, community builders, policy practitioners, students and educators.
- **Borstals:** These were run by HM Prison Service and were intended to reform seriously delinquent young people. Now the term is used loosely to

apply to other kinds of youth institutions or reformatories, such as approved schools and youth detention centres.

*Case Work Practice in
Community Settings*

12.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

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Short Answer Questions

1. Write a short note on the role of self-help groups in social case work.
2. Write a brief note on social case work practice in schools.
3. Write in short on the professional social work ethics.
4. Write in brief about the role of industrial social worker.
5. Write a short note on social work practice in correctional settings.

Long Answer Questions

1. Analyse the evolution of community practice in the USA and the UK.
2. Discuss the various challenges that social case work faces in industrial setting.
3. Analyse the strategy and planning of case workers while dealing with clients in correctional settings.
4. Discuss the role of case work practice with police departments and courts in India.

12.7 FURTHER READINGS

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UNIT 13 ROLE OF CASE WORKER IN VARIOUS SETTINGS

Structure

- 13.0 Introduction
- 13.1 Objectives
- 13.2 Understanding the Role of a Case Worker
 - 13.2.1 Functions of Case Managers in Various Settings
 - 13.2.2 Professional Roles in Social Work Practice
 - 13.2.3 Conflict and Dilemma in Social Work
- 13.3 Answers to Check Your Progress Questions
- 13.4 Summary
- 13.5 Key Words
- 13.6 Self Assessment Questions and Exercises
- 13.7 Further Readings

13.0 INTRODUCTION

It is now an accepted fact that social workers provide services in various fields of practice and settings. Although caseworkers' job descriptions vary according to the setting, their role and responsibilities entail helping people in difficult situations so that they achieve their goals for a better life. Within the field of social work, there are many different specializations and industries that professionals can pursue and focus on. While these different fields require practitioners to show the cornerstones of social work: empathy, flexibility, and persistence, and respect for different circumstances, there are some skill sets and knowledge that social workers will need to utilize in order to become the as effective at their jobs as possible. Social workers can be required to aid with issues directly caused by trauma, disability, poor family circumstances, abuse, mental and emotional problems, addiction, and acute, chronic, or terminal illnesses. Family, child or school social workers are involved in providing assistance and advocacy to improve social and psychological functioning of children and their families. These social workers attempt to maximize academic functioning of children as well as improving the family's overall well-being.

Public health social workers are often responsible for helping people who have been diagnosed with chronic, life threatening or altering diseases and disorders, helping connect patients with plans and resources. Social workers provide services to ease these patients' process. These services include advising family care givers, providing patient education and counselling, making referrals to other services, case management interventions, planning hospital discharge, and organizing support groups. In services like mental health and substance abuse social workers provide

individual and group counselling, intervening during crises, case management, client advocacy, prevention, and education. They also focus on counselling families to assist in understanding and dealing with the patient's problems.

To accomplish these tasks, social work has an extensive history in case management and care coordination. Professional social workers bring valuable skills and knowledge to the case management and care coordination process.

This unit aims at analysing role of case worker in various settings and gives an insight into various aspects of social work profession.

*Role of Case Worker in
Various Settings*

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13.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the role of a case worker in various settings
- Enumerate the skills and specialization of a social case worker
- Analyse the purpose and importance of social work profession
- Understand the nature of case management
- Enumerate professional roles of social work
- Explain the ethical dilemmas faced by social case worker
- Analyse the role of case managers in social work practice.

13.2 UNDERSTANDING THE ROLE OF A CASE WORKER

Case workers are professional helpers who have a degree in social work or a closely-related field. They may also be licensed by the state in which they practice, and may be certified in case management by the National Association of Social Workers (NASW). Case worker's duties include assessing client needs, listening to concerns, evoking motivation to change, problem-solving, information giving, referrals to community agencies and coordination of care providers. Clients may be children in need of protective services, vulnerable adults, adolescents in treatment, hospital patients or elderly individuals, for instance. Case workers must be prepared for anything in their role of lead investigator, client advocate and coordinator of recommended social work services.

While working in government agencies, non-profit organizations, residential centers and health care facilities, caseworker's duties include client outreach, support, referrals and follow up. Although social workers' job descriptions vary according to the setting, the role and responsibilities of the case worker entails helping people in difficult situations to prepare them achieve their goals for a better life.

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Being a social worker is often a challenging, yet rewarding career. Social workers are responsible for helping individuals, families, and groups of people to cope with problems they're facing. While working in health care system, social workers' responsibility is to improve their clients' lives. However, many social workers find that direct counselling of patients, families, and groups is only one aspect of their broader set of responsibilities. Social workers will often serve as liaisons between different institutions to assist patients and collaborate with other health professionals to ensure patient wellness. They will become familiar with, and refer clients to, community resources.

Social workers address legal issues, such as assisting with hearings and providing testimony relating to their patients. They also engage in research, policy development and advocacy for services. And of course, social workers must maintain case history records and prepare reports. Social work can be the kind of job that requires a great deal of overtime, and separating the emotional aspects of the job from the duties required can be a difficult undertaking. But there are plenty of resources, including websites, books and social media users that can offer great advice.

What Makes A Successful Social Worker?

One aspect of this is learning the requisite skills and developing mechanisms for clients to better their lives and experiences. Let's discuss some basic and essential attributes of social worker. These are:

1. Skills
2. Specializations
3. Other Social Work Tasks
4. What to Consider When Evaluating MSW Options

1. Skills

In dealing with the multitude of problems that social workers address, they must employ a variety of skills depending on the job that needs to get done. While

some of these skills may be natural, many of them are honed when a social worker earns his or her bachelor's or master's degree. Below is a list of traits that a well-trained social worker might employ while assisting and guiding a client. These are:

- **Active Listening:** Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- **Social Perceptiveness:** Being aware of others' reactions and understanding why they react as they do.
- **Speaking:** Talking to others to convey information effectively.
- **Critical Thinking:** Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- **Coordination:** Adjusting actions in relation to others' actions.
- **Reading Comprehension:** Understanding written sentences and paragraphs in work related documents.
- **Service Orientation:** Actively looking for ways to help people.
- **Writing:** Communicating effectively in writing as appropriate for the needs of the audience.
- **Complex Problem Solving:** Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.
- **Judgment and Decision Making:** Considering the relative costs and benefits of potential actions to choose the most appropriate one.

2. Specializations

Within the field of social work, there are many different specializations and industries that professionals can pursue and focus on. While these different fields all require practitioners to show the cornerstones of social work: empathy, flexibility, and persistence, and respect for different circumstances, there are some skill sets and knowledge that social workers will need to utilize in order to become the as effective at their jobs as possible. Social workers can be required to aid with issues directly caused by trauma, disability, poor family circumstances, abuse, mental and emotional problems, addiction, and acute, chronic, or terminal illnesses. Some social workers prefer to focus their skills on one area of expertise by going into specific fields.

- i. Family, child or school social workers:** They are involved in providing assistance and advocacy to improve social and psychological functioning of children and their families. These social workers attempt to maximize academic functioning of children as well as improving the family's overall well-being. These professionals may assist parents, locate foster homes, help to arrange adoptions, and address abuse. In schools they address problems such as truancy, bad behavior, teenage pregnancy, drug use, and poor grades. They also advice teachers and act as liaisons between students, homes, schools, courts, protective services, and other institutions.

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ii. Public health social workers: They are often responsible for helping people who have been diagnosed with chronic, life threatening or altering diseases and disorders, helping connect patients with plans and resources in order to help them cope. One of the most difficult things a person can go through is dealing with acute, chronic, and terminal illnesses and these social workers provide services to ease these patients' process. These services include advising family care givers, providing patient education and counselling, making referrals to other services, case management interventions, planning hospital discharge, and organizing support groups. These social workers are often employed at health care centers, assisted living homes or in hospitals.

iii. Addictions and mental health social workers: They offer support and services to those struggling with unhealthy grounding techniques, connecting them with facilities that serve to teach healthier behaviors and get patients back on track. These patients often struggle with mental and emotional problems as well as addictions and substance abuse problems. Services that mental health and substance abuse social workers provide include individual and group counselling, intervening during crises, case management, client advocacy, prevention, and education. They also focus on counselling families to assist in understanding and dealing with the patient's problems.

3. Other Social Work Tasks

Accomplishing administrative duties and diligently completing paperwork are generally a requirement for social workers, no matter what their specialization is. Social workers are generally employed from 9-5, but those who offer emergency services in hospitals and other industries can also be assigned to shift work. For many social workers, outside visits and meetings are a constant challenge, as well as high caseloads and understaffing. These obligations can often make it seem as though a social worker's job is never done, but the most successful professionals relish the challenge. Many social workers find that despite these obstacles and the difficulties presented by these strains, this field can be a very satisfying career path.

In case you're still unsure of what exactly a social worker does on a daily basis, peruse the helpful list of responsibilities and duties below to get a better idea of what the job is all about.

- Collaborate with other professionals to evaluate patients' medical or physical condition and to assess client needs.
- Advocate for clients or patients to resolve crises.
- Refer patient, client, or family to community resources to assist in recovery from mental or physical illness and to provide access to services such as financial assistance, legal aid, housing, job placement or education.

- Investigate child abuse or neglect cases and take authorized protective action when necessary.
- Counsel clients and patients in individual and group sessions to help them overcome dependencies, recover from illness, and adjust to life.
- Plan discharge from care facility to home or other care facility.
- Monitor, evaluate, and record client progress according to measurable goals described in treatment and care plan.
- Identify environmental impediments to client or patient progress through interviews and review of patient records.
- Organize support groups or counsel family members to assist them in understanding, dealing with, and supporting the client or patient.

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4. What to Consider When Evaluating MSW Options

Online programs are designed for students who want to complete their education without the constraint of traditional classroom scheduling. When considering an online option, keep the following in mind:

1. Is the program accredited by the Council on Social Work Education (CSWE)? Always keep in mind that *online MSW programs must meet the same CSWE accreditation standards as campus-based programs.*
2. Does the program offer the area specialization or concentration you want in addition to ample field placement opportunities in your area of interest?
3. Does the program offer on-campus or online research facilities, academic advising, classroom training, or internships?

The Social Work Profession

Social work is a tertiary qualified profession recognised nationally and internationally. The social work profession is committed to maximising the wellbeing of individuals and societies. We consider that individual and societal wellbeing are underpinned by socially inclusive communities that emphasise principles of social justice and respect for human dignity and human rights. Drawing on theories of social work, social sciences, psychology, humanities and Indigenous knowledge, social workers focus on the interface between the individual and the environment and recognise the impact of social, economic and cultural factors on the health and wellbeing of individuals and communities. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as system or structural issues) that may impact on wellbeing, such as inequality, injustice and discrimination.

Social Work, Case Management and Care Coordination

Social work has an extensive history in case management and care coordination. The social work profession and the practice of case management developed

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concurrently, with health social workers being among the first professional case managers. Social work case management is a method of providing services whereby a professional social worker collaboratively assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs. Generally models of case management practice lie on a continuum, from 'brokerage' at one end, through models that are based on 'relationship' and 'continuity of care' to 'clinical case management' including specialist interventions and rehabilitation, and 'intensive case management' at the other end.

Case management is a commonly used term in the human services field that in recent years has been underpinned by the importance of care coordination. For social workers, care coordination is about developing a relationship with the client that seeks to foster collaborative decision-making in assuring that services are well targeted and person/family-centred. Social workers understand that care coordination is most importantly about building a positive working relationship with the client in order to develop care plans that address their needs, strengths, and goals.

Role of Social Work Case Managers

Social work case managers work directly with the client with responsibility for the core functions of assessment, planning, linking, advocacy, review and case closure. Therefore social work activity is at multiple levels including individual, family, relationships, community and the broader social context. Traditionally, the primary setting for case management work has been the health, community and public sector. Professional social workers bring valuable skills and knowledge to the case management and care coordination process. Social workers operate from a person-in-environment perspective and recognise that individuals can best be understood within the multifaceted context of their environment.

With this perspective, social workers are well equipped to assess both the psychological and social aspects of a client's situation, and to develop interventions accordingly. This expertise is especially critical given the complex psychosocial issues that clients' can experience and can pose significant barriers to care and improved wellbeing. In this regard, social work case management is distinct from other approaches as it addresses the client's needs at both individual and larger systemic levels. Care coordination is most importantly about building a positive working relationship with the client.

Case management and care coordination are an important practice skill of the social work profession. The scope of social work services provided through (but not limited to) case management varies according to organisational context, and these can include:

- Systems navigation and coordination of services, especially during transitions of care or other significant life transitions

- Advocacy on behalf of, and in collaboration with, clients
- Education (e.g. understanding health and welfare systems, wellness promotion, parenting skills, management of acute or chronic conditions, job-search strategies) for individuals, families, and communities
- Resource information and referral (e.g. financial, housing, legal, medical)
- Individual counselling
- Couples and family counselling
- Family - team conferences
- Ongoing monitoring and evaluation of the service plan
- Permanency, life span, and advance care planning
- Team and organisational service development, planning and collaboration
- Group interventions (i.e. psychotherapeutic groups, professionally facilitated psychoeducational groups, or peer- led support groups)
- Family caregiving support interventions
- Crisis intervention
- Disaster planning and preparedness
- Mediation and conflict resolution
- Policy and research development

13.2.1 Functions of Case Managers in Various Settings

Many of the case management roles are the same no matter the setting, such as patient advocate, assessor, and educator. Other functions are specific to a particular setting or settings. Below is a list of setting where case managers practice. In the physician's office, clinic or other pre-acute setting, their role is to ensure prevention through:

- Wellness programs
- Screenings
- Health risk assessments
- Risk-reduction strategies
- Telephonic triage
- Disease management
- Facilitate access to services
- Referrals to community based resources
- Coordination of medical and social services
- Ensure patient knowledge and compliance with treatment

*Role of Case Worker in
Various Settings*

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In hospital:

- Utilization Review
- Discharge planning
- Resource management
- Coordination of care among all team members
- Transition to post-acute care

In Acute Inpatient Rehabilitation:

- Coordinate interdisciplinary team (IDT) meetings
- Verify benefits and authorization of services
- Facilitate Referrals
- Discharge planning
- Utilization review

In payer-based setting (Insurance Company):

- Liaison between providers and insurance company
- Coordinate care
- Ensure appropriate care
- Negotiate for services
- Monitor for compliance with treatment plan
- Ensure appropriate level of care and care setting
- Educate on healthcare benefit
- Utilization management
- Discharge planning

Palliative care, home care and hospice case managers combine the role of caregiver with case manager. Along with hands on nursing responsibilities they also:

- Act as liaison with providers
- Communicate with treating physicians
- Provide patient and family education
- Assess for and coordinate additional services and DME

Workers' Compensation Case Management focuses on vocational activities, working with the employer to get the employee back to work. The case manager will:

- Facilitate communication between employer, claims adjuster, attorneys, union representative, state administrative agency and providers.
- Coordinate care between multiple healthcare providers

- Monitor progress
- Utilization review
- Obtain precertification when necessary
- Perform job analysis
- Accompany injured workers during physician appointments

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The Commission for Case Manager Certification (CCMC)

Following is the glossary of terms directly or indirectly related to the practice of case management compiled by members of CCMC's Exam and Research Committee (ERC) and based on published literature related to case management: Appropriateness of Setting – Used to determine if the level of care needed is being delivered in the most appropriate and cost-effective setting possible.

- **Coordination** – The process of organizing, securing, integrating, and modifying the resources necessary to accomplish the goals set forth in the case management plan.
- **Level of Care** – The intensity of effort required to diagnose, treat, preserve or maintain an individual's physical or emotional status.
- **Community-Based Programs** – Support programs which are located in a community environment, as opposed to an institution setting.
- **Discharge Planning** – The process of assessing the patient's needs of care after discharge from a healthcare facility and ensuring that the necessary services are in place before discharge. This process ensures a patient's timely, appropriate, and safe discharge to the next level of care or setting including appropriate use of resources necessary for ongoing care.
- **Disease Management** – A system of coordinated healthcare interventions and communications for populations with chronic conditions in which patient self-care efforts are significant. It supports the physician or practitioner/patient relationship. The disease management plan of care emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies, and evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health.
- **Social Work** – the social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.
- **Subacute Care Facility** – A healthcare facility is the facility that is a step down from an acute care hospital and a step up from a conventional skilled nursing facility intensity of services.

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- **Telephonic Case Management** – Telephonic Case Management is the delivery of healthcare services to patients and/or families or caregivers over the telephone or through correspondence, fax, e-mail, or other forms of electronic transfer. An example is telephone triage.
- **Workers' Compensation** – An insurance program that provides medical benefits and replacement of lost wages for persons suffering from injury or illness that is caused by or occurred in the workplace. It is an insurance system for industrial and work injury, regulated primarily among the separate states, but regulated in certain specified occupations by the federal government.
- **Precertification** – The process of obtaining and documenting advanced approval from the health plan by the provider before delivering the medical services needed. This is required when services are of a non-emergent nature.
- **Utilization Management** – Review of services to ensure that they are medically necessary, provided in the most appropriate care setting, and at or above quality standards.
- **Utilization Review** – A mechanism used by some insurers and employers to evaluate healthcare on basis of appropriateness, necessity, and quality.
- **Advocacy** – Acting on behalf of those who are not able to speak for or represent themselves. It is also defending others and acting in their best interest. A person or group involved in such activities is called an advocate.
- **Durable Medical Equipment (DME)** – Equipment needed by patients for self-care. Usually it must withstand repeated use, is used for a medical purpose, and is appropriate for use in the home setting.

AASW Practice Standards for Mental Health Social Workers

The AASW believes that successful case management and care coordination is dependent on:

- Establishing an empathic and respectful working relationship with the client
- Developing an assessment of the client's circumstances and needs in collaboration
 - with the client, other members of the treatment team, other service providers,
 - and family and friends wherever possible
- Developing a service plan with the client that takes account of short term and long term goals and identifies how the case manager will support those goals
- Implementing the service plan with the client
- Consulting with family, significant others, members of the treatment team and other

- service providers as appropriate for the implementation of the service plan
 - Advocating with and for the client to obtain resources and to support the client to
 - achieve goals
 - Reviewing, revising and monitoring the plan regularly with the client
- The contribution of social work to case management and care coordination Social work case management is a multifaceted role that is informed by the three core values of professional social work, as outlined in the AASW's Code of Ethics – respect for persons, social justice, and professional integrity – which apply to relationships with clients, colleagues and organisations. Social workers understand the importance of working with other professionals, individuals and groups in order to maintain a collaborative approach.

As professionally trained practitioners with highly developed communication and relational skills, social workers are also adept at negotiating competing interests and conflict resolution.

Social workers collaborate with clients to ensure their health and wellbeing outcomes are achieved by engaging with appropriate support systems (formal and informal), and evaluating their effectiveness. Furthermore, in their commitment to human rights and social justice, social workers are highly adept at advocating for the rights of clients against the discrimination, reduced opportunities and abuse they can experience. Given social workers' training and experience, they play a crucial role as case managers in identifying and addressing barriers that may be limiting the achievement of improved outcomes.

13.2.2 Professional Roles in Social Work Practice

In addition to above-mentioned roles and responsibilities, social workers also provide various tasks as professionals. These are:

1. Broker or Resource Mobilizes

The social worker is involved in the process of making referrals to link a family or person to needed resources. Social work professionals do not simply provide information, they also follow up to be sure the needed resources are attained. This requires knowing resources, eligibility requirements, fees and the location of services.

2. Advocate

In this role, social workers fight for the rights of others and work to obtain the requisite resources by convincing others of the legitimate needs and rights of members of society. Social workers are particularly concerned for those who are vulnerable or are unable to speak up for themselves. Advocacy can occur on the local, county, state or national level. Some social workers are involved in international human rights and advocacy for those in need.

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3. Case Manager or Guide

Case managers are involved in locating services and assisting their clients to access those services. Case management is especially important for complex situations and for those who are homeless or elderly, have chronic physical or mental health issues, are disabled, victims of domestic or other violent crimes, or are vulnerable children.

4. Educator

Social Workers are often involved in teaching people about resources and how to develop particular skills such as budgeting, the caring discipline of children, effective communication, the meaning of a medical diagnosis, and the prevention of violence.

5. Facilitator

In this role, social workers are involved in gathering groups of people together for a variety of purposes including community development, self-advocacy, political organization, and policy change. Social workers are involved as group therapists and task group leaders.

6. Organizer

Social Workers are involved in many levels of community organization and action including economic development, union organization, and research and policy specialists.

7. Manager or Enables

Social workers, because of their expertise in a wide variety of applications, are well suited to work as managers and supervisors in almost any setting. As managers, they are better able to influence policy change and/or development, and to advocate, on a larger scale, for all underprivileged people.

13.2.3 Conflict and Dilemma in Social Work

The National Association of Social Workers (NASW) Code of Ethics is a set of guiding principles to assist social workers in making decisions in the best interests of their clients, even if they might contradict what we might do in our personal lives. The Code summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice. These decisions are not always easy – especially when two guiding principles come into conflict. These conflicts are called ethical dilemmas. They occur when a specific situation calls for the worker to prioritize one ethical principle over another or if one's personal values come into conflict with the best practices outlined by this profession. Here ethical values and principles involved

Some common situations faced by social workers in practice are:

1. Receiving Gifts: Whether it's the holidays, a special occasion, or some other milestone, your client may try to thank you for your hard work by giving you a gift.

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These situations are much more complicated than they seem because there are cultural, societal, and relationship factors to consider on top of the bond you and your client share. Rejecting the gift may taint the rapport you've built, perhaps over several years, or leave the client feeling like you are personally rejecting her.

2. Integrity – Part of our job is to serve as role-models by maintaining healthy and appropriate boundaries in professional relationships.

3. Involuntary Commitment: Regardless of your social worker breed, at some point you will come across a client who intends to harm himself or someone else. These are some of our most challenging moments as helpers.

4. Dignity and Worth of the Person – We want to protect the client's right to decide how to live his life. That said, it should be noted that the Code specifically states, "Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others." (*NASW Code of Ethics* 1.02 Self-determination)

5. Importance of Human Relationships – There is a chance the decision to breach confidentiality will ruin the rapport you have established with that client.

Steps for Handling Ethical Dilemmas

1. Consult the NASW Code of Ethics

As a social worker should always have a copy of the NASW Code of Ethics on hand for times like this. Spend some time reading through the code. Identify the principles that come into conflict in the specific situation and why they are important to social work practice.

2. Review State and Federal Laws

Be sure your decisions are sound, not only ethically but legally. Remember you can't help anyone if you put yourself in a position to lose your license or your freedom.

3. Seek Supervision

No matter how long you've been in the field, if you have doubts, questions, or just need a sounding board, seek supervision. Everyone needs a second opinion once in a while. Supervisors can be particularly helpful in guiding you to make the best decision possible in a difficult situation.

4. Consult the NASW

One of the most vital benefits to being a member of the NASW is having the support of a national organization to back up your work. Most states have a hotline social workers can call when they experience ethical dilemmas. You can discuss your situation confidentially, without using identifying client details, and get professional advice on how to handle things. Sometimes a neutral party is the best resource to help you consider things from a new perspective.

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5. Take Time to Process What You've Learned

After you've done your research and consulted the experts, take some time to process everything before making your decision. Often, when faced with an ethical dilemma, you can't undo a decision once it's been made. At the end of the day, you need to be able to live with your decision and to feel confident you are doing what is in the best interest of your client.

Social Work and Mounting Social Problems

Social workers know first-hand that people confronted with chronic deprivation and/or harsh living conditions often feel unsafe, insecure, and powerless. We also know that people cope with the desperate condition by harming themselves (e.g., self-medication, dropping out of school, unsafe sex, ineffective parenting, inability to hold a job, lack of self-care, and suicide) and/or others (e.g., crime, assault, battering, rape, homicide). Social workers have the know-how and the professional obligation to help people.

Given social work's location between the client and society, we can either leave solving poverty to the economists or join the fight for economic justice. A growing consensus holds that exposure to economic hardship and adverse conditions often precedes the rise of individual and social problems rather than the other way around, as previously presumed. This translates into a mandate for prevention and social change. Some fear that making individual and social change a fundamental part of our work politicizes a previously objective and unpolitical profession. Yet, to argue for neutrality becomes a political stance—one that tolerates government neglect, compromises our profession's ethics, and otherwise favors the status quo by letting it stand unchallenged. Since social work cannot avoid the political, it is far better to address these issues explicitly than to pretend they do not exist. The middle ground, if one ever existed, has fast receded. We must decide which side we are on. In the words of Martin Luther King, Jr., "Our lives begin to end the day we become silent about things that matter."

Check Your Progress

1. Who are known as case workers in social work profession?
2. What duties are assigned to case workers?
3. List some basic and essential attributes of a social worker.
4. List some of responsibilities and duties of social worker.
5. What is social work case management?
6. How do social work case managers perform their role?
7. What is Disease Management in the practice of case management?
8. What is the NASW Code of Ethics?

13.3 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

*Role of Case Worker in
Various Settings*

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1. Case workers are professional helpers who have a degree in social work or a closely-related field. They may also be licensed by the state in which they practice, and may be certified in case management by the National Association of Social Workers (NASW).
2. Case worker's duties include assessing client needs, listening to concerns, evoking motivation to change, problem-solving, information giving, referrals to community agencies and coordination of care providers. Clients may be children in need of protective services, vulnerable adults, adolescents in treatment, hospital patients or elderly individuals, for instance. Case workers must be prepared for anything in their role of lead investigator, client advocate and coordinator of recommended social work services.
3. Some basic and essential attributes of social worker. These are:
 - (i) Skills
 - (ii) Specializations
 - (iii) Other Social Work Tasks
 - (iv) What to Consider When Evaluating MSW Options
4. Some of responsibilities and duties of social worker are:
 - Collaborate with other professionals to evaluate patients' medical or physical condition and to assess client needs.
 - Advocate for clients or patients to resolve crises.
 - Refer patient, client, or family to community resources to assist in recovery from mental or physical illness and to provide access to services such as financial assistance, legal aid, housing, job placement or education.
 - Investigate child abuse or neglect cases and take authorized protective action when necessary.
 - Counsel clients and patients in individual and group sessions to help them overcome dependencies, recover from illness, and adjust to life.
5. Social work case management is a method of providing services whereby a professional social worker collaboratively assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs.

*Self-Instructional
Material*

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6. Social work case managers work directly with the client with responsibility for the core functions of assessment, planning, linking, advocacy, review and case closure. Therefore social work activity is at multiple levels including individual, family, relationships, community and the broader social context. Traditionally, the primary setting for case management work has been the health, community and public sector. Professional social workers bring valuable skills and knowledge to the case management and care coordination process.
7. Disease Management is a system of coordinated healthcare interventions and communications for populations with chronic conditions in which patient self-care efforts are significant. It supports the physician or practitioner/patient relationship. The disease management plan of care emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies, and evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health.
8. The National Association of Social Workers (NASW) Code of Ethics is a set of guiding principles to assist social workers in making decisions in the best interests of their clients, even if they might contradict what we might do in our personal lives. The Code summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.

13.4 SUMMARY

- While working in government agencies, non-profit organizations, residential centers and health care facilities, caseworker's duties include client outreach, support, referrals and follow up. Although social workers' job descriptions vary according to the setting, the role and responsibilities of the case worker entails helping people in difficult situations to prepare them achieve their goals for a better life.
- In dealing with the multitude of problems that social workers address, they must employ a variety of skills depending on the job that needs to get done. While some of these skills may be natural, many of them are honed when a social worker earns his or her bachelor's or master's degree.
- Social workers can be required to aid with issues directly caused by trauma, disability, poor family circumstances, abuse, mental and emotional problems, addiction, and acute, chronic, or terminal illnesses.

- Case management is a commonly used term in the human services field that in recent years has been underpinned by the importance of care coordination. For social workers, care coordination is about developing a relationship with the client that seeks to foster collaborative decision-making in assuring that services are well targeted and person/family-centred.
- Social work case managers work directly with the client with responsibility for the core functions of assessment, planning, linking, advocacy, review and case closure. Therefore social work activity is at multiple levels including individual, family, relationships, community and the broader social context.
- Social work case management is distinct from other approaches as it addresses the client's needs at both individual and larger systemic levels. Care coordination is most importantly about building a positive working relationship with the client.
- Many of the case management roles are the same no matter the setting, such as patient advocate, assessor, and educator. Other functions are specific to a particular setting or settings.
- Given social workers' training and experience, they play a crucial role as case managers in identifying and addressing barriers that may be limiting the achievement of improved outcomes.
- Social Workers are often involved in teaching people about resources and how to develop particular skills such as budgeting, the caring discipline of children, effective communication, the meaning of a medical diagnosis, and the prevention of violence.
- Social workers, because of their expertise in a wide variety of applications, are well suited to work as managers and supervisors in almost any setting. As managers, they are better able to influence policy change and/or development, and to advocate, on a larger scale, for all underprivileged people.
- The National Association of Social Workers (NASW) Code of Ethics is a set of guiding principles to assist social workers in making decisions in the best interests of their clients, even if they might contradict what we might do in our personal lives.
- Social workers know first-hand that people confronted with chronic deprivation and/or harsh living conditions often feel unsafe, insecure, and powerless.

*Role of Case Worker in
Various Settings*

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- A growing consensus holds that exposure to economic hardship and adverse conditions often precedes the rise of individual and social problems rather than the other way around, as previously presumed. This translates into a mandate for prevention and social change.

13.5 KEY WORDS

- **The Council on Social Work Education (CSWE):** This is a non-profit national association representing more than 2,500 individual members, as well as graduate and undergraduate programs of professional social work education.
- **The AASW:** This is the professional body for social workers.

13.6 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on public health social workers.
2. Write a brief note on 'making career in social work profession'.
3. Write in short about the care coordination in social case work practice.
4. Write in brief about conflict and dilemma in social work.
5. Write a brief note on 'steps for handling ethical dilemmas' in social case work.

Long Answer Questions

1. Discuss the role of social case workers in family, child or school setting.
2. Discuss the role of case management in social work practice.
3. Analyse social workers' duty as an educator and facilitator in social work profession.
4. Discuss the functions of case manager in various settings.

13.7 FURTHER READINGS

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*Role of Case Worker in
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UNIT 14 PRACTICE AND RESEARCH IN SOCIAL CASE WORK

Structure

- 14.0 Introduction
- 14.1 Objectives
- 14.2 Practice and Research: An Overview
 - 14.2.1 Two Approaches to Practice Research
 - 14.2.2 Developing A New Paradigm
 - 14.2.3 Collaborative Practitioner Research
 - 14.2.4 Research And Practice Processes In Social Work
 - 14.2.5 Stakeholders In Practice Research
 - 14.2.6 Synergy Between Practice And Research
- 14.3 Use of Single Case Evaluation
- 14.4 Ethnography in Social Case Work
 - 14.4.1 Forms of Ethnography
 - 14.4.2 Features Of Ethnographic Research
 - 14.4.3 Procedures for Conducting Ethnography
 - 14.4.4 Ethnography As Method
 - 14.4.5 Data Collection Methods
- 14.5 Answers to Check Your Progress Questions
- 14.6 Summary
- 14.7 Key Words
- 14.8 Self Assessment Questions and Exercises
- 14.9 Further Readings

14.0 INTRODUCTION

In the development of practice and research in social case work, social scientists and experts have brought in new approaches and created new paradigms. This is to produce new knowledge and learning strategies on a scientific foundation and in close collaboration with local needs. This is based not only on more general and large-scale research but also on locally based research and/or evaluation. In areas where the research perspective has been dominant and exclusive for many years, the learning – or collaboration – process involves a shift in attitude to not only discussing research findings but also to discussing the effects of findings as well as trying out findings in practice throughout the research process. However, despite the many years of research into practice and debate concerning it, there is still a lack of consensus about what practice research includes and what lies outside its boundaries.

Practice approach is an inclusive approach to professional knowledge that is concerned with understanding the complexity of practice alongside the commitment to empower, and to realize social justice, through practice. The main point is that practice and research develop every part of the collaboration together because practice research must be in tune with all participants. Practice and practitioner research can involve users or can be conducted without them, but it is important to have the discussion and to make a decision concerning user involvement in the research process in all research initiatives. Practice research is also located on a continuum between “traditional” research in social work and practitioner research or from research to practice. There are also other stakeholders and therefore more contradictions that arise when opening up participation in practice research. The view and concerns of all these actors have to be taken into account within any practice research project. Practice research in social work cannot develop from either practice or research alone but from both together.

This unit aims at analysing the inter-dependence of practice and research in social case work and also explains the use of single case evaluation and ethnography in this field of knowledge.

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14.1 OBJECTIVES

After going through this unit, you will be able to:

- Understand the foundation of practice and research in social case work
- Enumerate the interface between practice and research
- Analyse the approaches to practice research
- Understand the features of practice research
- Enumerate stakeholders in practice research
- Explain the challenges from practice to research
- Analyse the use of single case evaluation
- Understand ethnography as research method

14.2 PRACTICE AND RESEARCH: AN OVERVIEW

The basic foundation of practice research is building theory from practice and not only from academia. The approach is based on a combination of research methodology, field research and practical experience. In most cases in social work, it is impossible to examine and initiate a research process solely from a researcher's point of view, because researcher is always under the influence of the political and institutional context that frames the phenomenon or the issue in focus. In the words of Gredig and Sommerfeld: ‘If we want scientific knowledge, and especially empirical evidence, to play an effective role in professional action, then we have to

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focus on the contexts where the processes of generating knowledge for action actually take shape, that is, on the organizations engaged in social work' (Gredig and Sommerfeld 2008:296). The starting point of this chapter is that research closely connected to, and under the influence of practice, with the aim of improving such practice, is of the same high quality as research characterised by distance between researcher and the subject. The interface between practice and research, and the degree to which these processes mutually interfere are even more important than in other research processes.

Throughout the past 10 years, practice has been confronted with increasing demands to measure outcomes of public support (Osborne 2002, Heinrich 2002). Buzz words such as documentation, effect and evidence-based practice have become part of everyday social work – both to help politicians and administrative leaders manage growing economic problems and simply to acquire further knowledge about the results of social workers doing social work: what works for who under which conditions. This is stated in the core values of the department of social services in the municipality of Aalborg, Denmark: 'Assessment of coherence between effort and results are common evaluation principles' (Kjærdsdam 2009). This political and administrative focus has put research at the centre of developing social work. The focus has led not only to interest in managing budgets in social work but also to an interest in more knowledge-based – not only experienced-based – development of both social work as a profession and individual social workers. This is to produce new knowledge and learning strategies on a scientific foundation and in close collaboration with local needs. Thus the demands to reveal outcomes of public support and the modern growth of complexity and uncertainty in society (Nowotny, Scott & Gibbons 2001:47) support the development of new kinds of knowledge production in practice.

Another point of the "new" knowledge production is that it is based not only on more general and large-scale research but also on locally based research and/or evaluation. These kinds of research projects are intended to bolster learning processes in which managers and social workers become partners in research instead of only consumers of it. As a manager in the municipality of Aalborg, Denmark, remarked: 'Findings from research and evaluation must be discussed with employees with reference to the learning process and to continuing development', and: 'the need for evidence-based knowledge has to be ensured in a collaboration process with partners with relevant research competence' (Kjærdsdam 2009). In areas where the research perspective has been dominant and exclusive for many years, the learning – or collaboration – process involves a shift in attitude to not only discussing research findings but also to discussing the effects of findings as well as trying out findings in practice throughout the research process.

The development and expressed needs within practice strongly indicate a growing need for measuring public support and for advancing knowledge-based

learning processes in a close collaboration with education and science based research. Development in Denmark has shown that although some municipalities build up small research departments, they also need “outsiders” to measure and evaluate public support. These outside research partners must be open minded towards allowing practice to join the research process – from producing research questions, through data collection and analysis, to the information and the transformation of findings into new methods in social work.

14.2.1 Two Approaches to Practice Research

In discussions of practice research, it is often unclear what it consists of. Pain writes in a review of practice research, ‘Despite the many years of research into practice (Gibbons 2001) and debate concerning it, there is still a lack of consensus about what practice research includes and what lies outside its boundaries, and there are continuing debates about paradigms and methods, collaboration and ethics’ (Pain 2008:1).

Before discussing different approaches in practice research it is important to state that discussion of practice research is much more important than a limited definition. The definitions and frameworks considered in this chapter are not to narrow the discussion and the practice research experiences. On the contrary, it is an invitation to – from a level of common understanding and “set off’s” – strengthen the discussion and the development of practice research.

It seems that two approaches to practice research – approach A and approach B – can be identified. In approach A, the focus is on the framework, goals and outcomes of the research process. The starting point is that it is necessary and desirable that there should be a close – and often locally bound – collaboration between practice and research, with mutual commitment. It is not crucial who collects data or performs the analysis, although it is under the management of trained researchers and institutions.

It is difficult to ascertain how collaboration between practice and research in practice research may be organized generally, as it must begin with locally based organizations and issues that probably change from time to time.

14.2.2 Developing A New Paradigm

Practice research involves curiosity about practice. It is about identifying promising ways in which to help people; and it is about challenging troubling practice through the critical examination of practice and the development of new ideas in the light of experience. It recognizes that this is best done by practitioners in partnership with researchers, where the latter have as much, if not more, to learn from practitioners as practitioners have to learn from researchers. It is an inclusive approach to professional knowledge that is concerned with understanding the complexity of practice alongside the commitment to empower, and to realize social justice, through practice (Salisbury Statement 2009:2–3).

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Practice research in this approach cannot be research which is planned, conducted and “delivered” by a researcher to practitioners. The main point is that practice and research develop every part of the collaboration together because practice research must be in tune with all participants. It also means that collaboration can appear differently and may change in the following ways:

1. The research could be planned and discussed by researchers and practitioners but carried out by researchers.
2. The research goals and questions could be set, and they could be discussed throughout the process and be part of a learning process where both researchers and practitioners participate all through it.
3. Research could be part of an ongoing research process in which it is hard to distinguish learning processes and research/examination processes.

From these characteristics, practice research in approach A can be defined as:

- Critical and curious research that describes, analyses and develops practice;
- Research based on generally approved academic standards;
- Research built on experience, knowledge and needs within social work practice;
- Research where the responsibility for the research is entrusted to generally approved research institutions;
- Close, binding and locally based collaboration between researchers and practitioners in planning, completing and disseminating the research;
- Research where findings are closely connected to learning processes in practice;
- Participatory and dialogue-based research relevant to developing practice and validating different areas of expertise within the partnership; and
- Research that produces, analyses and describes specific issues in both empirical and theoretical general coherence.

This approach does not exclude practitioners from the research process. On the contrary, practitioners are often included at different levels in the research process and as researchers, but trained researchers still bear responsibility for research quality. The focus is not on the role of the researcher but on the content of the research. It is “to use the best from both parts” in a respectful collaboration. One could say, with the words from the Salisbury Statement (Salisbury Statement 2009:4), that the foundation of the approach is practice-minded researchers and research-minded practitioners. Or as Blumenfield and Epstein stated: ‘Under the right organizational conditions, with the right kinds of support and consultation and a “practice-based research” perspective, social work practitioners can actively and enthusiastically engage in research that has implications for their own practice and for practice in other settings’ (Blumenfield and Epstein 2001:3).

The approach is open and inclusive instead of closed and exclusive. It is focused on knowledge production and learning processes in social work practice and research as a whole instead of mainly on processes within chosen practices.

In approach B, practice research is defined as research, evaluation and investigation conducted by practitioners. This approach primarily focuses on the roles of the researchers. Although different, it is based on a definition that is similar or identical to practice research in the first approach. According to Epstein: 'Practice-based research may be defined as the use of research-inspired principles, designs and information gathering techniques within existing forms of practice to answer questions that emerge from practice in ways that will inform practice' (Epstein 2001:17). However, connected to this, it is said that 'practice research ... is a phenomenon that occurs when practitioners commit themselves to something they call research in their own practice while they, at the same time, practice social work' (my translation) (Ramian 2003:5). This distinguishes approach B from approach A as practitioners are expected to always be active researchers. The difference is even more specific when Ramian defines six features in the phenomenon of practice research (Ramian 2003:5):

1. It is conducted by practitioners at work using at least 80% of their working hours as practitioners.
2. The research questions focus on problems connected to everyday practice.
3. Common recognized scientific methods are used.
4. Projects are made feasible.
5. Findings are communicated to other practitioners.
6. The research field is in practice.

14.2.3 Collaborative Practitioner Research

Following from these six features, Ramian identifies the practice setting as the research institution (instead of the university), a view supported by Rehr, who says that practice-based research studies are practitioners (Rehr 2001). Ramian underlines this: 'the practice researcher adjusts his or her strategy and methods in ways that make it possible to conduct research activities in practice' (Ramian 2003:6). According to Ramian, (research) practitioners have an interest in, and are de-pendent on, finding solutions to problems in practice, while traditional researchers are busy meeting the requirements for validity of the research (Ramian 2009). Ramian points out that the reduced gap between research and practice that occurs when practitioners carry out research increases the possibility of producing knowledge relevant to practice and applying findings to practice. Ramian also points out that findings from practice research are not presented in typical academic journals but rather through media such as conferences and seminars (Ramian 2003). Ramian has lately defined his research approach as "Research Light" – investigations with a narrow and specific focus that may be completed in

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5-10 days by practitioners with few research skills but involved in a “collaborative practitioner research network” (Ramian 2009). By this Ramian distinguishes “research light” from what he calls large-scale research as well as longitudinal research and research in depth. These kinds of research, according to Ramian, must be conducted by trained researchers but build on findings from research light (Ramian 2009).

At this point, approaches A and B agree, but it is vital that approach A should attach importance to the responsibility of trained researchers for the research process, whether light or heavy. According to Ramian, practitioners need not be trained researchers but they must be introduced to research methods. A collaborative practitioner research network must be established to support the practitioner researchers during the process. Although there are some similarities, the two approaches appear to diverge at this point, as approach A entails that the responsibility for research projects will be carried out by trained researchers.

One problem in the definition of practice research in approach B seems to be that traditional research resembles old-fashioned social or natural science. Harmaakorpi and Mutanen (2008) point out in an argument for more practice-based innovative processes that ‘the experts in innovation processes cannot just pour knowledge into the innovation partners and then disappear from the scene’ (Harmaakorpi and Mutanen 2008:88). This criticism could very well be used to promote approach A as well, because this approach is characterised by innovative collaboration processes from defining research questions to the analysis of data. Both approaches emphasize the differences between research and practice, but while in approach A the differences are seen as natural and inspiring parts of the collaboration and the research process, in approach B they appear to be locked irreconcilable positions, and researchers are characterised as unwilling to consider the needs and traditions of practice.

While Harmaakorpi and Mutanen stress that partners require common interests and intentions determined by practical context, approach A stresses that the partners need to “do what they are best at” and that no partner can determine what is right: that is, the struggle between the different interests is the strongest potential within the collaboration. (For further discussion, see below). Referring to the discussion of modes 1 and 2 above, it seems that approach B researchers understand researchers from approach A (for example from universities) as having a top-down focus, traditional orientation and being guided only by academic norms. These characteristics identify approach A researchers with a mode 1 position. From the perspective of approach B researchers, approach A researchers are unable to move from mode 1 towards mode 2. At the same time it seems that both approach A and B researchers understand themselves as connected to a mode 2 position.

To prevent unnecessary conflict between the two positions about the same notion and to maintain the differences, it may be helpful to define them in the following way:

- Research that focuses on collaboration between practice and research (approach A) is defined as practice research
- Research that focuses on processes controlled and accomplished by practitioners (approach B) is defined as practitioner research

14.2.4 Research and Practice Processes in Social Work

A third approach may be mentioned here. It could be connected to practitioner research as it focuses specifically on user participation in research processes – and in that way also more on roles than on content in the research process. The discussion of this – although interesting and necessary – research approach is left out in this article as the position includes not only practice research but all kinds of research activities. The discussion about involving users in research processes is important, but it is not specifically connected to practice or practitioner research. It is a general issue for all kinds of scientific work. Practice and practitioner research can involve users or can be conducted without them, but it is important to have the discussion and to make a decision concerning user involvement in the research process in all research initiatives. In continuation of the above mentioned definitions this third approach could be defined as:

- Research that focuses on user participation in the research process is defined as user-controlled research.

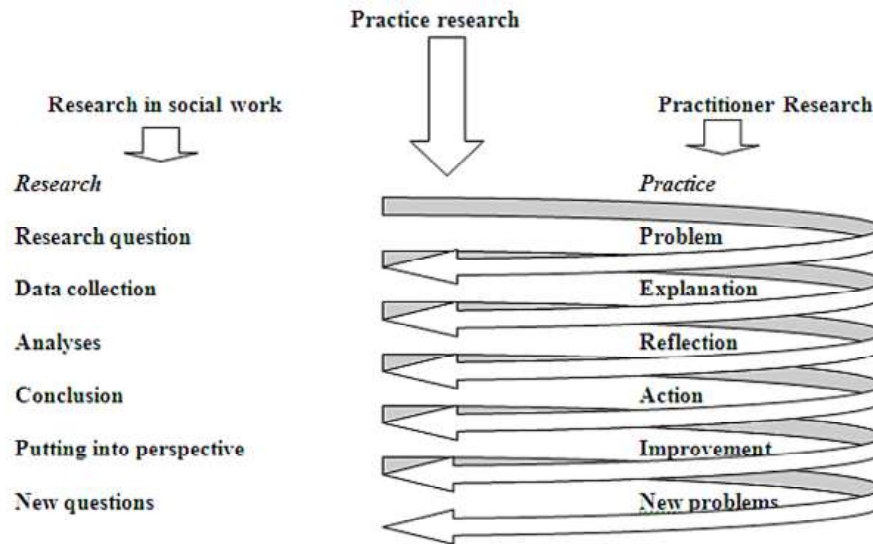
Practice research is located on a continuum between “traditional” research in social work and practitioner research or from research to practice. The figure below shows both the differences and the similarities between research processes and practice processes in social work. Although the stages in the processes can be compared the content of the stages are different as well as the outcome of the processes and it places practice research somewhere in between these two extremities. Research in social work – although necessary to social work – is not a part of learning and development processes in social work, while practitioner research is directly connected to the performance of social work practice. In performing research in social work it is not necessary to establish a partnership between research and practice – as emphasized in the definition of practice research above. In practice research the traditional stages of research are also followed, but are connected to the parallel stages in practice processes. For instance, the research question cannot be generated without connecting it to actual problems in practice (as well as data collection, analyses, conclusions, perspectives), and new questions cannot be generated without connecting and involving explanations, reflections, actions, improvements and new problems from practice.

The diagram below illustrates the way in which posing a research question in practice research is followed by taking in and understanding the kinds of problems

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with which practice deals. It also illustrates how this interaction with practice will probably change the research question and/or make it clearer and more connected to everyday problems in practice. This iterative process is represented by the spiral movement of the process.



Practice research is both part of traditional research processes and part of processes in practice and can easily include practitioner research or research light – but it has its own position in between research in social work and practice.

It is useful to be aware of contradistinctions that cannot be neutralized. It seems that an ideal to establish an unproblematic collaboration among research, education and practice in social work has developed. This ideal could be considered an immediate strength, but in the long run, it endangers both research and practice. It is not possible to establish an unproblematic collaboration. The desire for, and the ideal of, the unproblematic collaboration entails the risk that research, education and practice will become toothless – they will, to put it bluntly, risk falling to the lowest common denominator. There is an essential difference between a researcher and a practitioner: the researcher views research as a goal in itself, while the practitioner views research as means. To the researcher, research and the research process are the main objectives. The practitioner's goal is to present initiatives and viable solutions to social problems. This does not mean that the interests of research and practice are necessarily different but that researchers and social workers must remember the difference in interests between them. The struggle between partners and conflict between the two fields has a dynamic and creative function.

14.2.5 Stakeholders in Practice Research

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There are also other stakeholders and therefore more contradictions that arise when opening up participation in practice research. The view and concerns of all these actors have to be taken into account within any practice research project. Some of the tensions and challenges arising from the involvement of these different parties will be discussed below.

The main stakeholders in practice research are:

- Social workers;
- Users;
- Administrative management and organizations;
- Politicians; and
- Researchers.

Social workers are bound to a political, organizational and professional context. It is not possible for social workers solely to satisfy their own values or needs expressed by users. The legislation stipulates possibilities and obligations; the resources and the social worker authority are often covered by legislation; administrative and/or political management in social work often influence interpretation and application; local authorities, politicians and civil servants interpret the legislation that organizes and structures social work differently in various organizations and municipalities. Finally, social workers' educational background, professional values and ideals influence the way social work is implemented in practice. They also need professional values and ideals that may appear in contradistinction to some extent to user needs and to organizational frameworks.

Users have a natural interest in receiving the best support possible. Although many users hope that their participation in studies of social work may help them qualify, for example, for public support (Uggerhøj 1995), their attention will be on receiving the best researched support for their own individual and specific problems. A study on user experience and pedagogical treatment in a Danish institution that deals with families at risk suggests that users judge the intervention differently according to the severity of their problems (Uggerhøj 2000).

Generally, administrative management and organizational frameworks are influenced by politically defined boundaries, local cultures and political traditions. Moreover, the desire of social work management and organizations to "establish order in chaos" concerning user problems and to appear responsible and rational may conflict with users' and social workers' desires to focus on their individual issues and understanding of the issues. These desires are based on the users' own understanding instead of a rational public understanding. Management needs – together with political requests for more documented and effective social work – often lead to a focus on evidence-based knowledge production and research instead of other research approaches.

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Politicians focus on tools to measure the effects of political decisions and to explain them to citizens. The individual needs of users and descriptions of collaboration processes in social work have less importance, because these are often considered to be the concern of an individual user or included in a particular social worker's professional competence.

Researchers' approaches are influenced by their own research area and needs as well as university management's requirements to justify themselves in the academic field. Research areas and academic needs do not always converge with the needs and requirements of social work practice. The demand for publication in peer-reviewed periodicals with detailed and traditional criteria for research, content and article structure may conflict with the needs for information in practice. Furthermore, the scientific need for distance from the subject of research may appear to conflict with the necessity for practice in proximity. The scientific ideal of objectivity and an unwillingness to influence practice conflicts with the need of practitioners to influence and include research in developing practice – an interesting and difficult contradiction.

The different stakeholders cannot and must not necessarily combine completely, but it is crucial that practice research constitutes a series of contradistinctions and confluences, which entails dilemmas that both research and practice must address. The different interests are important to all partners and significant for society as well. They are so important and significant that functioning well depends on the possibility of retaining these different interests. Instead of attempting to balance or reconcile these differences, it is important to enlighten the differences if collaboration is to be established. Moreover, in this way, it is possible for different actors to gain greater understanding of each other and their respective interests. Dilemmas are not resolved but must be included in the practice research process.

Research finds itself in the most powerful position and thus has a special obligation to promote awareness of different interests, exactly as the powerful position of social workers with regard to users gives them a special obligation to use it in a positive way in their relationship.

Researchers have a special position and responsibility to respond to these contradistinctions. It is thus evident that the possibility of a dialectical approach is based on differences and contradistinctions that are crucial to the *raison d'être* of the partners and that enable them to challenge each other. From this position, it is suggested that a researcher could or should never become a practitioner, or vice versa. However, this does not mean that efforts should not be made to utilize these differences to inform social work. Dilemmas and contradictions are a key to develop new and useable research in social work and to support a knowledge production build on every partner instead of primarily one.

14.2.6 Synergy Between Practice And Research

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Practice research is necessary in the ongoing development of social work, but it is also a meeting point for different views, interests and needs, where complexity and dilemmas are inherent in the collaboration and challenge of both practice and research. Practice research in social work cannot develop from either practice or research alone but from both together.

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Many researchers' position with regard to change and development in practice research in social work and to collaboration between researchers and practitioners is therefore based on the Marxian process of "change through the conflict of opposing forces" (The Free Dictionary by Farlex) and not the Hegelian process of "arriving at the truth by stating a thesis, developing a contradictory antithesis, and combining and resolving them into a coherent synthesis" (The Free Dictionary by Farlex), meaning that contradictions are abolished and new realizations emerge.

If practice research is to be included in knowledge production and practice, it must become part of processes in practice as well as being part of traditional research processes. Research cannot remain on the sidelines and leave the collaboration with practice once data collection and analyses are complete. Research must be involved in providing information. For example, it must educate practitioners in new social work methods/tools, or in new and different ways of carrying out social work, and it must be involved in turning theoretical and analytical findings into useable tools in everyday social work – be a part of learning processes in practice.

Moreover, representatives of practice need to be involved or at least to accept that practical issues must be turned into theoretical issues or propositions, and must be involved in developing methods for practice research. It is necessary for both sides to be open-minded and to learn from each other. Not only will practice learn from research but also research will learn from practice which will inform and develop research and research methods.

The challenge from research to practice is to examine existing truth and common understanding: the social worker doxa (Bourdieu 1972, Bourdieu 1982), to establish awareness and elucidate phenomena, actions and considerations to which the practitioners tend to be blind – precisely because they are in practice. From this point of view, it is less challenging simply to describe and measure effects of everyday social work practice. The goal is not to deny that it is interesting to carry out studies on social work and its effects, but such research does not necessarily challenge practice, research and society, as it risks focusing only on insight within practice. Thus, too close a connection and understanding between research and practice is futile and may hinder the emergence of new knowledge.

The challenge from practice to research is to support or provoke research to become more creative in understanding practice built on complexity, and to act

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flexibly instead of constructing a paradigm suitable for research. It should also challenge research to be aware of elements of power in both social work and research processes. From a practice point of view, research improves the comprehension of everyday problems as well as encouraging more informed solutions to these problems.

This approach challenges the scientific tendency to view a phenomenon from an abstract and theoretical position. The theoretical and analytic approach is pivotal in the “science war” within basic research, which has – frankly speaking – attributed high status to abstract approaches, and low status to the practical. Thus, practice will challenge research right at the heart, as some researchers will look upon this as research being in danger of losing its basis and identity. Social work is marked by human beings’ different reactions to the same problem. Hence, research in social work has to be able to establish studies of this action-oriented field and the built-in differences between research and practice. Social work research must engage with: the ongoing construction of society and in this way challenge and intervene in dynamic, complex and ever-changing practice, knowledge and contexts.

To sum up it is important to recall Flyvbjerg’s statement that no individual is wise enough to give sufficient answers (Flyvbjerg 2001). The role of both researchers and practitioners is to advance parts of the answer in an ongoing dialogue concerning how eventually to resolve these issues. From this point of view, research and practice both possess part of the solution. Both researchers and practitioners produce limited knowledge. Therefore, importance is attached to challenges from different interests and at different levels. The strength of both practice and research in this view is that they address difficult challenges. The danger for both fields is that they may avoid and reject the challenges. In this way, practice research in social work and social work practice, so to speak, must walk hand in hand without becoming lovers.

Check Your Progress

1. What is the basic foundation of practice research?
2. What is the main purpose of research projects?
3. Which are the two approaches to practice research?
4. List some of the features of practice research as enunciated by Ramian.
5. What is the difference between approaches A and B in practice research?
6. Which approach is defined as practice research?
7. List the main stakeholders in practice research.
8. What are the factors that influence the way social work is implemented in practice?
9. What is the challenge from practice to research in social case work?

14.3 USE OF SINGLE CASE EVALUATION

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Single-case experimental designs demonstrate causality by repeatedly manipulating the independent variable and showing subsequent change in the dependent variable while eliminating extraneous events as plausible alternative explanations for the observed change. Although these designs have been successfully applied in research clinics, hospitals, and schools, they have been less frequently used in other human service settings where these formats may have been time-consuming, labor intensive, or difficult to administer. To facilitate the wider use of single-case evaluation designs, several writers have recommended that the emphasis be shifted toward simpler designs selected expressly for their practical applicability in human service agencies (Barth 1981; Gambrill & Barth, 1980; Robinson et al. 1988). Results of simpler single-case designs might not be as conclusive as their more elaborate counterparts and might only suggest causal relationships. Nevertheless, the adoption of simpler designs with less internal validity could still represent a significant advance for the field—by making it easier for practitioners to evaluate their own practice and thereby encouraging more to do so. Broader use of single-case designs could bridge the chasm between clinicians and researchers by integrating systematic inquiry within clinical work and by empirically validating interventions applied with individual clients.

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14.4 ETHNOGRAPHY IN SOCIAL CASE WORK

The word ethnography stems from Greek words, ‘ethnos’ (meaning “folk, people or nation”) and ‘grapho’ (meaning “I write”). This field of knowledge is the systematic study of people and cultures. It is designed to explore cultural phenomena where the researcher observes society from the point of view of the subject of the study. An ethnography is a means to represent graphically and in writing the culture of a group. The word can thus be said to have a double meaning, which partly depends on whether it is used as a count noun or uncountable. The resulting field study or a case report reflects the knowledge and the system of meanings in the lives of a cultural group.

As a method of data collection, ethnography entails examining the behaviour of the participants in a certain specific social situation and also understanding their interpretation of such behaviour. Dewan (2018) further elaborates that this behaviour may be shaped by the constraints the participants feel because of the situations they are in or by the society in which they belong. Ethnography, as the presentation of empirical data on human societies and cultures, was pioneered in the biological, social, and cultural branches of anthropology, but it has also become popular in the social sciences in general—sociology, communication studies, history—wherever people study ethnic groups, formations, compositions, resettlements, social welfare characteristics, materiality, spirituality, and a people’s ethnogenesis.

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The typical ethnography is a holistic study and so includes a brief history, and an analysis of the terrain, the climate, and the habitat. In all cases, it should be reflexive, make a substantial contribution toward the understanding of the social life of humans, have an aesthetic impact on the reader, and express a credible reality. An ethnographer records all observed behavior and describes all symbol-meaning relations, using concepts that avoid causal explanations. Traditionally, ethnography was focused on the western gaze towards the far 'exotic' east, but now researchers are undertaking ethnography in their own social environment. According to Dewan (2018), even if we are the other, the 'another' or the 'native', we are still 'another' because there are many facades of ourselves that connect us to people and other facades that highlight our differences.

14.4.1 Forms of Ethnography

There are different forms of ethnography: confessional ethnography; life history; feminist ethnography etc. Two popular forms of ethnography are:

- 1. Realist ethnography:** This is a traditional approach used by cultural anthropologists. Characterized by Van Maanen (1988), it reflects a particular instance taken by the researcher toward the individual being studied. It's an objective study of the situation. It's composed from a third person's perspective by getting the data from the members on the site. The ethnographer stays as omniscient correspondent of actualities out of sight. The realist reports information in a measured style ostensibly uncontaminated by individual predisposition, political objectives, and judgment. The analyst will give a detailed report of the everyday life of the individuals under study. The ethnographer also uses standard categories for cultural description (e.g., family life, communication network).

The ethnographer produces the participant's views through closely edited quotations and has the final work on how the culture is to be interpreted and presented.

- 2. Critical ethnography:** This is a kind of ethnographic research in which the creators advocate for the liberation of groups which are marginalized in society. Critical researchers typically are politically minded people who look to take a stand of opposition to inequality and domination. For example, a critical ethnographer might study schools that provide privileges to certain types of students, or counselling practices that serve to overlook the needs of underrepresented groups.

The important components of a critical ethnographer are to incorporate a value-laden introduction, empower people by giving them more authority, challenging the status quo, and addressing concerns about power and control. A critical ethnographer will study issues of power, empowerment, inequality inequity, dominance, repression, hegemony, and victimization.

14.4.2 Features of Ethnographic Research

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According to Dewan (2018), the researchers are not looking for generalizing the findings rather, they are considering it in reference to the context of the situation. In this regard, the best way to integrate ethnography in a quantitative research would be to use it to discover and uncover relationships and then use the resultant data to test and explain the empirical assumptions. Some of salient features of ethnography research are:

- Involves investigation of very few cases, maybe just one case, in detail.
- Often involves working with primarily unconstructed data. This data had not been coded at the point of data collection in terms of a closed set of analytic categories.
- Emphasizes on exploring social phenomena rather than testing hypotheses.
- Data analysis involves interpretation of the functions and meanings of human actions. The product of this is mainly verbal explanations, where statistical analysis and quantification play a subordinate role.
- Methodological discussions focus more on questions about how to report findings in the field than on methods of data collection and interpretation.
- Ethnographers focus on describing the culture of a group in very detailed and complex manner. The ethnography can be of the entire group or a subpart of it.
- It involves engaging in extensive field work where data collection is mainly by interviews, symbols, artefacts, observations, and many other sources of data.
- The researcher in ethnography type of research looks for patterns of the group's mental activities, that is their ideas and beliefs expressed through language or other activities, and how they behave in their groups as expressed through their actions that the researcher observed.
- In ethnography, the researcher gathers what is available, what is normal, what it is that people do, what they say, and how they work.

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14.4.3 Procedures for Conducting Ethnography

- Determine if ethnography is the most appropriate design to use to study the research problem. Ethnography is suitable if the needs are to describe how a cultural group works and to explore their beliefs, language, behaviours and also issues faced by the group, such as power, resistance, and dominance. (*Qualitative Inquiry and Research Design*, 94)
- Then identify and locate a culture-sharing group to study. This group is one whose members have been together for an extended period of time, so that their shared language, patterns of behaviour and attitudes have merged into

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discernible patterns. This group can also be a group that has been marginalized by society. (*Qualitative Inquiry and Research Design*, 94)

- Select cultural themes, issues or theories to study about the group. These themes, issues, and theories provide an orienting framework for the study of the culture-sharing group. As discussed by Hammersley and Atkinson (2007), Wolcott (1987, 1994b, 2008-1), and Fetterman (2009). The ethnographer begins the study by examining people in interaction in ordinary settings and discerns pervasive patterns such as life cycles, events, and cultural themes. (*Qualitative Inquiry and Research Design*, 94-95)
- For studying cultural concepts, determine which type of ethnography to use. Perhaps how the group works need to be described, or a critical ethnography can expose issues such as power, hegemony, and advocacy for certain groups (*Qualitative Inquiry and Research Design*, 95)
- Should collect information in the context or setting where the group works or lives. This is called fieldwork. Types of information typically needed in ethnography are collected by going to the research site, respecting the daily lives of individuals at the site and collecting a wide variety of materials. Field issues of respect, reciprocity, deciding who owns the data and others are central to ethnography (*Qualitative Inquiry and Research Design*, 95)
- From the many sources collected, the ethnographer analyzes the data for a description of the culture-sharing group, themes that emerge from the group and an overall interpretation (Wolcott, 1994b). The researcher begins to compile a detailed description of the culture-sharing group, by focusing on a single event, on several activities, or on the group over a prolonged period of time.
- Forge a working set of rules or generalizations as to how the culture-sharing group works as the final product of this analysis. The final product is a holistic cultural portrait of the group that incorporates the views of the participants (emic) as well as the views of the researcher (etic). It might also advocate for the needs of the group or suggest changes in society.

14.4.4 Ethnography as Method

The ethnographic method is different from other ways of conducting social science approach due to the following reasons:

- It is field-based. It is conducted in the settings in which real people actually live, rather than in laboratories where the researcher controls the elements of the behaviors to be observed or measured.
- It is personalized. It is conducted by researchers who are in the day-to-day, face-to-face contact with the people they are studying and who are thus both participants in and observers of the lives under study.

- It is multifactorial. It is conducted through the use of two or more data collection techniques - which may be qualitative or quantitative in nature - in order to get a conclusion.
- It requires a long-term commitment i.e. it is conducted by a researcher who intends to interact with people they are studying for an extended period of time. The exact time frame can vary from several weeks to a year or more.
- It is inductive. It is conducted in such a way to use an accumulation of descriptive detail to build toward general patterns or explanatory theories rather than structured to test hypotheses derived from existing theories or models.
- It is dialogic. It is conducted by a researcher whose interpretations and findings may be expounded on by the study's participants while conclusions are still in the process of formulation.
- It is holistic. It is conducted so as to yield the fullest possible portrait of the group under study.
- It can also be used in other methodological frameworks, for instance, an action research program of study where one of the goals is to change and improve the situation.

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14.4.5 Data Collection Methods

According to the leading social scientist, John Brewer, data collection methods are meant to capture the “social meanings and ordinary activities” of people (informants) in “naturally occurring settings” that are commonly referred to as “the field.” The goal is to collect data in such a way that the researcher imposes a minimal amount of personal bias in the data. Multiple methods of data collection may be employed to facilitate a relationship that allows for a more personal and in-depth portrait of the informants and their community. These can include participant observation, field notes, interviews, and surveys.

Interviews are often taped and later transcribed, allowing the interview to proceed unimpeded of note-taking, but with all information available later for full analysis. Secondary research and document analysis are also used to provide insight into the research topic. In the past, kinship charts were commonly used to “discover logical patterns and social structure in non-Western societies”. In the 21st century, anthropology focuses more on the study of people in urban settings and the use of kinship charts is seldom employed.

In order to make the data collection and interpretation transparent, researchers creating ethnographies often attempt to be “reflexive”. Reflexivity refers to the researcher’s aim “to explore the ways in which [the] researcher’s involvement with a particular study influences, acts upon and informs such research”. Despite these attempts of reflexivity, no researcher can be totally unbiased. This factor has provided a basis to criticize ethnography.

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Traditionally, the ethnographer focuses attention on a community, selecting knowledgeable informants who know the activities of the community well. These informants are typically asked to identify other informants who represent the community, often using snowball or chain sampling.

This process is often effective in revealing common cultural denominators connected to the topic being studied. Ethnography relies greatly on up-close, personal experience.

Participation, rather than just observation, is one of the keys to this process. Ethnography is very useful in social research.

Ybema et al. (2010) examine the ontological and epistemological presuppositions underlying ethnography. Ethnographic research can range from a realist perspective, in which behavior is observed, to a constructivist perspective where understanding is socially constructed by the researcher and subjects. Research can range from an objectivist account of fixed, observable behaviors to an interpretive narrative describing “the interplay of individual agency and social structure.” Critical theory researchers address “issues of power within the researcher-researched relationships and the links between knowledge and power.”

Another form of data collection is that of the “image.” The image is the projection that an individual puts on an object or abstract idea. An image can be contained within the physical world through a particular individual’s perspective, primarily based on that individual’s past experiences.

One example of an image is how an individual views a novel after completing it. The physical entity that is the novel contains a specific image in the perspective of the interpreting individual and can only be expressed by the individual in the terms of “I can tell you what an image is by telling you what it feels like.” The idea of an image relies on the imagination and has been seen to be utilized by children in a very spontaneous and natural manner.

Effectively, the idea of the image is a primary tool for ethnographers to collect data. The image presents the perspective, experiences, and influences of an individual as a single entity and in consequence, the individual will always contain this image in the group under study.

Check Your Progress

10. Why is it important to use single case evaluation as research method?
11. What do you mean by ethnography?
12. How is the ethnographic method different from other ways of conducting social science approach?

14.5 ANSWERS TO CHECK YOUR PROGRESS QUESTIONS

*Practice and Research in
Social Case Work*

1. The basic foundation of practice research is building theory from practice and not only from academia. The approach is based on a combination of research methodology, field research and practical experience.
2. Research projects are intended to bolster learning processes in which managers and social workers become partners in research instead of only consumers of it. In areas where the research perspective has been dominant and exclusive for many years, the learning – or collaboration – process involves a shift in attitude to not only discussing research findings but also to discussing the effects of findings as well as trying out findings in practice throughout the research process.
3. The two approaches to practice research – approach A and approach B – can be identified. In approach A, the focus is on the framework, goals and outcomes of the research process. The starting point is that it is necessary and desirable that there should be a close – and often locally bound – collaboration between practice and research, with mutual commitment. It is not crucial who collects data or performs the analysis, although it is under the management of trained researchers and institutions. In approach B, practice research is defined as research, evaluation and investigation conducted by practitioners. This approach primarily focuses on the roles of the researchers.
4. Some features in the phenomenon of practice research are:
 - (i) It is conducted by practitioners at work using at least 80% of their working hours as practitioners.
 - (ii) The research questions focus on problems connected to everyday practice.
 - (iii) Common recognized scientific methods are used.
 - (iv) Projects are made feasible.
 - (v) Findings are communicated to other
5. Although there are some similarities, approaches A and B appear to diverge at this point, as approach A entails that the responsibility for research projects will be carried out by trained researchers. Both approaches emphasize the differences between research and practice, but while in approach A the differences are seen as natural and inspiring parts of the collaboration and the research process, in approach B they appear to be locked irreconcilable positions, and researchers are characterised as unwilling to consider the needs and traditions of practice.

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6. Research that focuses on collaboration between practice and research (approach A) is defined as practice research.
7. The main stakeholders in practice research are:
 - Social workers
 - Users
 - Administrative management and organizations
 - Politicians and
 - Researchers
8. Social workers' educational background, professional values and ideals influence the way social work is implemented in practice. They also need professional values and ideals that may appear in contradistinction to some extent to user needs and to organizational frameworks.
9. The challenge from practice to research is to support or provoke research to become more creative in understanding practice built on complexity, and to act flexibly instead of constructing a paradigm suitable for research. It should also challenge research to be aware of elements of power in both social work and research processes. From a practice point of view, research improves the comprehension of everyday problems as well as encouraging more informed solutions to these problems. This approach challenges the scientific tendency to view a phenomenon from an abstract and theoretical position.
10. Results of simpler single-case designs might not be as conclusive as their more elaborate counterparts and might only suggest causal relationships. Nevertheless, the adoption of simpler designs with less internal validity could still represent a significant advance for the field—by making it easier for practitioners to evaluate their own practice and thereby encouraging more to do so. Broader use of single-case designs could bridge the chasm between clinicians and researchers by integrating systematic inquiry within clinical work and by empirically validating interventions applied with individual clients.
11. Ethnography is the systematic study of people and cultures. It is designed to explore cultural phenomena where the researcher observes society from the point of view of the subject of the study. An ethnography is a means to represent graphically and in writing the culture of a group. The typical ethnography is a holistic study and so includes a brief history, and an analysis of the terrain, the climate, and the habitat.
12. The ethnographic method is different from other ways of conducting social science approach due to the following reasons:
 - It is field-based. It is conducted in the settings in which real people actually live, rather than in laboratories where the researcher controls the elements of the behaviors to be observed or measured.

- It is personalized. It is conducted by researchers who are in the day-to-day, face-to-face contact with the people they are studying.
- It is multifactorial. It is conducted through the use of two or more data collection techniques - which may be qualitative or quantitative in nature.
- It requires a long-term commitment i.e. it is conducted by a researcher who intends to interact with people they are studying for an extended period of time.
- It is inductive. It is conducted in such a way to use an accumulation of descriptive detail to build toward general patterns or explanatory theories.
- It is dialogic. It is conducted by a researcher whose interpretations and findings may be expounded on by the study's participants while conclusions are still in the process of formulation.
- It is holistic. It is conducted so as to yield the fullest possible portrait of the group under study.

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14.6 SUMMARY

- It seems that two approaches to practice research – approach A and approach B – can be identified. In approach A, the focus is on the framework, goals and outcomes of the research process. The starting point is that it is necessary and desirable that there should be a close – and often locally bound – collaboration between practice and research, with mutual commitment.
- In approach B, practice research is defined as research, evaluation and investigation conducted by practitioners. This approach primarily focuses on the roles of the researchers. Although different, it is based on a definition that is similar or identical to practice research in the first approach.
- Both approaches emphasize the differences between research and practice, but while in approach A the differences are seen as natural and inspiring parts of the collaboration and the research process, in approach B they appear to be locked irreconcilable positions, and researchers are characterised as unwilling to consider the needs and traditions of practice.
- The discussion about involving users in research processes is important, but it is not specifically connected to practice or practitioner research. It is a general issue for all kinds of scientific work.
- There is an essential difference between a researcher and a practitioner: the researcher views research as a goal in itself, while the practitioner views research as means. To the researcher, research and the research process are the main objectives.

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- Social workers' educational background, professional values and ideals influence the way social work is implemented in practice. They also need professional values and ideals that may appear in contradistinction to some extent to user needs and to organizational frameworks.
- Researchers have a special position and responsibility to respond to these contradistinctions. It is thus evident that the possibility of a dialectical approach is based on differences and contradistinctions that are crucial to the *raison d'être* of the partners and that enable them to challenge each other.
- In Denmark, a pilot practice research project has been launched. Experience from the process of establishing the project shows that it takes a long time for the stakeholders to obtain a common understanding – but also that this time is needed if the different ends are to be met.
- Educators need to constantly develop social work theories, methods and their own teaching. Both in ways of developing skills that makes it possible for social workers to meet the complex and concrete world of social work in different institutional settings and to present theories and methods that stand the test of time.
- Practice research is necessary in the ongoing development of social work, but it is also a meeting point for different views, interests and needs, where complexity and dilemmas are inherent in the collaboration and challenge of both practice and research.
- Representatives of practice need to be involved or at least to accept that practical issues must be turned into theoretical issues or propositions, and must be involved in developing methods for practice research. It is necessary for both sides to be open-minded and to learn from each other
- Social work research must engage with: the ongoing construction of society and in this way challenge and intervene in dynamic, complex and ever-changing practice, knowledge and contexts.
- Broader use of single-case designs could bridge the chasm between clinicians and researchers by integrating systematic inquiry within clinical work and by empirically validating interventions applied with individual clients.
- Critical ethnography: This is a kind of ethnographic research in which the creators advocate for the liberation of groups which are marginalized in society. Critical researchers typically are politically minded people who look to take a stand of opposition to inequality and domination.
- The best way to integrate ethnography in a quantitative research would be to use it to discover and uncover relationships and then use the resultant data to test and explain the empirical assumptions.
- Traditionally, the ethnographer focuses attention on a community, selecting knowledgeable informants who know the activities of the community well.

These informants are typically asked to identify other informants who represent the community, often using snowball or chain sampling.

- Effectively, the idea of the image is a primary tool for ethnographers to collect data. The image presents the perspective, experiences, and influences of an individual as a single entity and in consequence, the individual will always contain this image in the group under study.

*Practice and Research in
Social Case Work*

NOTES

14.7 KEY WORDS

- **Practice Research:** This is a form of academic research which incorporates an element of practice in the methodology or research output.
- **Anthropology:** The study of human beings and their ancestors through time and space and in relation to physical character, environmental and social relations, and culture.
- **Epistemological Presuppositions:** These are deep, and often unstated, beliefs that form the foundation of a particular system of knowledge. They are the fundamental assumption upon which all of the other concepts and ideas within the epistemology are “proven.”

14.8 SELF ASSESSMENT QUESTIONS AND EXERCISES

Short Answer Questions

1. Write a short note on the interface between practice and research.
2. Write in a brief about collaborative practitioner research network.
3. Write in short about the role of users research processes.
4. Write in brief about the practitioner’s goal in research and practice.
5. Write a brief note on the adoption of simpler designs as research method in social case work.
6. Write a short note on features of ethnographic research.

Long Answer Questions

1. Analyse the various approaches to practice and research in social case work.
2. Discuss the significance of practice research in the ongoing development of social work.
3. Analyse the need of stakeholders’ collaboration in practice research.

4. Discuss the role of practice and research in addressing various challenges in social case work.
5. Analyse the contribution of ethnography as a research method in social case work.

NOTES

14.9 FURTHER READINGS

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Master of Social Work

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SOCIAL CASE WORK

I - Semester



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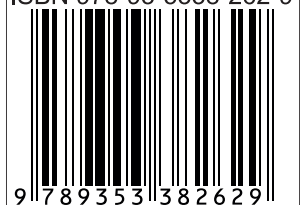
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